

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000016195

Entity Name: USA BEAUTY LLC**Current Principal Place of Business:**5850 T.G. LEE BLVD STE 210
ORLANDO, FL 32822**Current Mailing Address:**301 N CATTLEMEN ROAD
SUITE 301
SARASOTA, FL 34232 US**FEI Number:** 88-2224478**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	APVP
Name	VASANDANI, BRIAN
Address	605 3 AVE 22 FL
City-State-Zip:	NEW YORK NY 10158

Title	MGR
Name	PETER, PATRICIA AP AS
Address	605 3 AVE 22 FL
City-State-Zip:	NEW YORK NY 10158

Title	APVP
Name	SHAGHAF, SHEIKH AS
Address	605 3 AVE 22 FL
City-State-Zip:	NEW YORK NY 10158

Title	APTD
Name	PINZONE, KERI
Address	1983 MARCUS AVE STE 250
City-State-Zip:	LAKE SUCCESS NY 11042

Title	APVP
Name	LEVINE, MARC
Address	1990 MAIN ST STE 750
City-State-Zip:	SARASOTA FL 34236

Title	P
Name	MARTELL, PATRICK
Address	5 HOWICK PL
City-State-Zip:	LONDO SW1P 1WG UK AL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA PETER**ASSISTANT SECRETARY** 04/26/2023_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date