

**2024 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 ASST. SECRETARY  
Name PETER, PATRICIA AP AS  
Address 605 3 AVE 22 FL  
City-State-Zip: NEW YORK NY 10158

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

Title VICE PRESIDENT OF TAX  
Name LEVINE, MARC  
Address 301 N CATTLEMEN ROAD, STE. 301  
City-State-Zip: SARASOTA FL 34232

Title PRESIDENT  
Name MCNEILL, ED  
Address 5850 T.G. LEE BLVD STE 210  
City-State-Zip: ORLANDO FL 32822

*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** 05/01/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date