

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000138596

**Entity Name:** FRINGE HAIR SALON LLC

**Current Principal Place of Business:**

9500 PENSACOLA BLVD  
UNIT 9  
PENSACOLA, FL 32535

**Current Mailing Address:**

9500 PENSACOLA BLVD SUITE 9  
PENSACOLA, FL 32534 US

**FEI Number:** 47-1765012

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PUGH, JACLYN  
842 CHESAPEAKE TRL  
CANTONMENT, FL 32533 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:** JACLYN PUGH

04/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AP	Title	OWNER
Name	SMITH, TIFFANY	Name	PUGH, JACLYN NICOLE
Address	842 CHESAPEAKE TRL.	Address	842 CHESAPEAKE TRL
City-State-Zip:	CANTONMENT FL 32533	City-State-Zip:	CANTONMENT FL 32533

*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:** JACLYN PUGH

OWNER

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date