

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000141280

**Entity Name:** HAIR BY KATIE LLC

**Current Principal Place of Business:**

501 GOODLETTE FRANK RD  
#B104  
NAPLES, FL 34102

**Current Mailing Address:**

501 GOODLETTE FRABK RD  
#B104  
NAPLES, FL 34102 US

**FEI Number:** 47-4871714

**Certificate of Status Desired:** No

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

ALPHA BUSINESS & ACCOUNTING SERVICE INC  
1852 40TH TER SW  
B  
NAPLES, FL 34116 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 AMBR  
Name DUDLEY, KATIE L  
Address 14960 SCHOONER BAY LANE  
21108  
City-State-Zip: NAPLES FL 34119

*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:** KATIE L DUDLEY

KATIE DUDLEY

03/16/2020

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

\_\_\_\_\_  
Date