### 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. 04/18/2017

PRESIDENT

#### SIGNATURE: JORDANA L CHARROIN

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE:

### Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	CHARROIN, JORDANA L	Name	CLARK, JENNIFER H
Address	559 KIMS LN	Address	1558 TWIN LAKES CIRCLE
City-State-Zip:	LAMONT FL 32336	City-State-Zip:	TALLAHASSEE FL 32311

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.

# DOCUMENT# L16000057338

Entity Name: STUDIO 5 HAIR SALON LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### **Current Principal Place of Business:**

1980 CAPITAL CIRCLE NE TALLAHASSEE. FL 32308

# **Current Mailing Address:**

559 KIMS LN LAMONT, FL 32336

### FEI Number: 81-1976381

# Name and Address of Current Registered Agent:

CHARROIN, JORDANA L 559 KIMS LN LAMONT, FL 32336 US

Date

Certificate of Status Desired: No