# 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

SIGNATURE: JORDANA L CHARROIN

Electronic Signature of Signing Authorized Person(s) Detail

## **Current Principal Place of Business:** 1980 CAPITAL CIRCLE NE

Entity Name: STUDIO 5 HAIR SALON LLC

DOCUMENT# L16000057338

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

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

#### 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

that my name appears above, or on an attachment with all other like empowered.

04/30/2019

### FILED Apr 30, 2019 Secretary of State 0583079558CC

Date

Certificate of Status Desired: No

OWNER

Date

# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT