

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000202199

**Entity Name:** QUATTRO HAIR SALON MIAMI BEACH, LLC.

**Current Principal Place of Business:**

901 PENNSYLVANIA AVE.  
SUITE #1  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

901 PENNSYLVANIA AVE.  
SUITE #1  
MIAMI BEACH, FL 33139

**FEI Number: 81-4460940**

**Certificate of Status Desired: No**

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

FLEITES, CARLOS M ESQ.  
407 LINCOLN ROAD  
12-E  
MIAMI BEACH, FL 33139 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            PURE ART HAIR TECH, LLC  
Address        1010 N. 73RD WAY  
City-State-Zip: HOLLYWOOD FL 33024

Title            MBR  
Name            B.O.L.D. HAIR SYSTEMS, LLC  
Address        549 MERIDIAN AVE. APT. 4  
City-State-Zip: MIAMI BEACH FL 33139

Title            AMBR  
Name            QUINT, DIEGO  
Address        901 PENNSYLVANIA AVE.  
                  SUITE #1  
City-State-Zip: MIAMI BEACH FL 33139

Title            AMBR  
Name            ROBINSON, DEANDRE  
Address        901 PENNSYLVANIA AVE.  
                  SUITE #1  
City-State-Zip: MIAMI BEACH FL 33139

*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: DEANDRE ROBINSON**

**AMBR**

**03/10/2018**

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

\_\_\_\_\_  
Date