

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000062213

**Entity Name:** ZIO HAIRCARE, LLC

**Current Principal Place of Business:**

719 SHOTGUN RD  
SUNRISE, FL 33326

**Current Mailing Address:**

719 SHOTGUN RD  
SUNRISE, FL 33326 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RESTREPO, FERNAN  
719 SHOTGUN RD  
SUNRISE, FL 33326 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 MGR  
Name RESTREPO, FERNAN  
Address 719 SHOTGUN RD  
City-State-Zip: SUNRISE FL 33326

Title MGR  
Name PALACIO, DIANA  
Address 719 SHOTGUN RD  
City-State-Zip: SUNRISE FL 33326

*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:** FERNAN RESTREPO

**MGR**

**03/09/2020**

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

\_\_\_\_\_  
Date