## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000099212

Entity Name: PARK DISTRICT HAIR, LLC

#### Current Principal Place of Business:

111 S. KNOWLES AVE SUITE 190 WINTER PARK, FL 32789

# **Current Mailing Address:**

111 S. KNOWLES AVE SUITE 190 WINTER PARK, FL 32789 US

# FEI Number: 82-1441769

## Name and Address of Current Registered Agent:

DIMMICK, AUDREY 111 S. KNOWLES AVE SUITE 190 WINTER PARK, FL 32789 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                     | AUDREY DIMMICK                           |                 |                         | 05/01/2023 |
|-------------------------------|--|-----------------|-------------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                         | Date       |
| Authorized Person(s) Detail : |  |                 |                         |            |
| Title                         | AR                                       | Title           | AR                      |            |
| Name                          | DIMMICK, AUDREY                          | Name            | WEECH, MARY             |            |
| Address                       | 111 S. KNOWLES AVE                       | Address         | 2941 ASHFORD PARK PLACE |            |
| City-State-Zip:               | WINTER PARK FL 32789                     | City-State-Zip: | OVIEDO FL 32765         |            |
| Title                         | AR                                       |                 |                         |            |
| Name                          | WEECH, SARAH                             |                 |                         |            |
| Address                       | 111 S. KNOWLES AVE<br>SUITE 190          |                 |                         |            |
| City-State-Zip:               | WINTER PARK FL 32789                     |                 |                         |            |

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.

OWNER

05/01/2023 Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No