

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000186095

Entity Name: HF BEAUTY & WELLNESS, LLC**Current Principal Place of Business:**20423 STATE ROAD 7
STE F6-285
BOCA RATON, FL 33498**Current Mailing Address:**20423 STATE ROAD 7
STE F6-285
BOCA RATON, FL 33498 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DICKINSON WRIGHT PLLC
20423 STATE ROAD 7
STE F6-285
BOCA RATON, FL 33498 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 ORLEN, ISAIAH
Address 650 W AVE, UNIT 1508
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name ORLEN COHEN, MELISSA HOPE
Address 20423 STATE ROAD 7
STE F6-285
City-State-Zip: BOCA RATON FL 33498

Title MGR
Name ORLEN, JEANETTE
Address 20423 STATE ROAD 7
STE F6-285
City-State-Zip: BOCA RATON FL 33498

Title MGR
Name ORLEN, NOAH
Address 20423 STATE ROAD 7
STE F6-285
City-State-Zip: BOCA RATON FL 33498

Title MGR
Name COHEN, JOEL DAVID
Address 20423 STATE ROAD 7
STE F6-285
City-State-Zip: BOCA RATON FL 33498

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: MELISSA ORLEN COHEN**MGR****02/11/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date