

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000143428

**Entity Name:** SHACHOU RITZY SALON LLC

**Current Principal Place of Business:**

949 N UNIVERSITY DR.  
SUITE 15  
CORAL SPRINGS , FL 33071

**Current Mailing Address:**

949 N UNIVERSITY DR.  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 83-2010330

**Certificate of Status Desired:** No

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

JOSEPH, SHALIDA  
3941 NW 46TH WAY  
LAUDERDALE LAKES, FL 33319 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            OWNER  
Name            JOSEPH, SHALIDA  
Address        949 N UNIVERSITY DR.  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** SHALIDA JOSEPH

**OWNER**

**04/28/2023**

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

\_\_\_\_\_  
Date