

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000146676

**Entity Name:** MY HAIR REVIVAL, LLC

**Current Principal Place of Business:**

4360 S.E 111 PLACE  
BELLEVIEW, FL 34420

**Current Mailing Address:**

P.O. BOX 2181  
BELLEVIEW, FL 34421

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LESAGE, SCOTT  
4360 S.E 111 PLACE  
BELLEVIEW, FL 34420 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            CEO  
Name            LESAGE, MELISSA  
Address        P.O. BOX 2181  
City-State-Zip: BELLEVIEW FL 34420

*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 LESAGE

**PRESIDENT**

**04/27/2021**

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

\_\_\_\_\_ Date