

2020 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

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06/16/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date