

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000238710

**Entity Name:** THE SHORES HAIR SALON,LLC

**Current Principal Place of Business:**

4420 US HWY 1 SOUTH  
SUITE 5  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

4420 US HWY 1 SOUTH  
SUITE 5  
ST. AUGUSTINE, FL 32086

**FEI Number:** 83-2247301

**Certificate of Status Desired:** No

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

DAWES, JOYCE  
93 CATALINA CIRCLE  
ST. AUGUSTINE, FL 32086 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	Title	MGR
Name	DANIELS, GINA L	Name	DAWES, JOYCE
Address	93 CATALINA CIRCLE	Address	93 CATALINA CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32086	City-State-Zip:	ST. AUGUSTINE FL 32086

*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:** GINA DANIELS

**OWNER**

**03/10/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date