# 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.

CEO

#### SIGNATURE: ASHLEY DAVIS

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000021390

### Entity Name: ADORNED BY ASHLEY HAIR EXTENSIONS LLC

### **Current Principal Place of Business:**

9451 WORDSMITH WAY JACKSONVILLE, FL 32222

# **Current Mailing Address:**

9451 WORDSMITH WAY JACKSONVILLE, FL 32222

# FEI Number: 84-3509692

# Name and Address of Current Registered Agent:

DAVIS, ASHLEY S 9451 WORDSMITH WAY JACKSONVILLE, FL 32222 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

# Authorized Person(s) Detail :

Title	CEO	Title	MGR
Name	DAVIS, ASHLEY S	Name	DAVIS, AMARIAH K
Address	9451 WORDSMITH WAY	Address	9451 WORDSMITH WAY
City-State-Zip:	JACKSONVILLE FL 32222	City-State-Zip:	JACKSONVILLE FL 32222

Certificate of Status Desired: No

06/07/2020

### FILED Jun 07, 2020 Secretary of State 1369785256CC

Date

Date