

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000021390

**Entity Name:** ADORNED BY ASHLEY HAIR EXTENSIONS LLC**Current Principal Place of Business:**4564 GOLF BROOK RD  
ORANGE PARK, FL 32065**Current Mailing Address:**4564 GOLF BROOK ROAD  
ORANGE PARK, FL 32065 US**FEI Number:** 84-3509692**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DAVIS, ASHLEY S  
4564 GOLF BROOK RD  
ORANGE PARK, FL 32065 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            | DAVIS, ASHLEY S      |
| Address         | 4564 GOLF BROOK RD   |
| City-State-Zip: | ORANGE PARK FL 32065 |

|                 |                      |
|-----------------|----------------------|
| Title           | COO                  |
| Name            | DAVIS, AMARIAH K     |
| Address         | 4564 GOLF BROOK RD   |
| City-State-Zip: | ORANGE PARK FL 32065 |

|                 |                      |
|-----------------|----------------------|
| Title           | TECHNICAL DIRECTOR   |
| Name            | DAVIS, TREVAN JR.    |
| Address         | 4564 GOLF BROOK RD   |
| City-State-Zip: | ORANGE PARK FL 32065 |

*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:** ASHLEY DAVIS

OWNER

02/02/2023

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