

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000126089

**Entity Name:** A KYRAOUS TOUCH HAIR STUDIO LLC

**Current Principal Place of Business:**

4045 NW 16TH ST  
SUITE 201  
LAUDERHILL, FL 33313-5842

**Current Mailing Address:**

4045 NW 16TH ST C201  
SUITE 201  
LAUDERHILL, FL 33313-5842 US

**FEI Number:** 83-4480597

**Certificate of Status Desired:** No

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

ROBINSON , SHAKIRA F  
4045 NW 16TH STREET  
SUITE 201  
LAUDERHILL , FL 33313 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:** SHAKIRA ROBINSON

06/21/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ROBINSON , SHAKIRA F  
Address 4045 NW 16TH ST  
SUITE 201  
City-State-Zip: LAUDERHILL FL 33313-5842

Title ASSISTANT DIRECTOR  
Name ALEXANDER, CAMARRI MALACHI  
Address 4045 NW 16TH ST  
SUITE 201  
City-State-Zip: LAUDERHILL FL 33313-5842

*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:** SHAKIRA ROBINSON

**OWNER**

06/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date