

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000286067

**Entity Name:** CLEAN CUTS FL LLC

**Current Principal Place of Business:**

1632 SQUAW LN  
NORTH PORT, FL 34286

**Current Mailing Address:**

1632 SQUAW LN  
NORTH PORT, FL 34286 US

**FEI Number: 84-4215372**

**Certificate of Status Desired: No**

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

ROUTH, CELESTE A  
1632 SQUAW LN  
NORTH PORT, FL 34286 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 AMBR  
Name ROUTH, JOHN  
Address 1632 SQUAW LN  
City-State-Zip: NORTH PORT FL 34286

Title AMBR  
Name ROUTH, CELESTE A  
Address 1632 SQUAW LN  
City-State-Zip: NORTH PORT FL 34286

Title AMBR  
Name ROUTH, CELESTE A  
Address 1632 SQUAW LN  
City-State-Zip: NORTH PORT FL 34286

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Address 1632 SQUAW LN  
City-State-Zip: NORTH PORT FL 34286

Title AMBR  
Name ROUTH, CELESTE A  
Address 1632 SQUAW LN  
City-State-Zip: NORTH PORT FL 34286

*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: CELESTE ROUTH**

**OWNER**

**04/09/2021**

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

\_\_\_\_\_  
Date