

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000022362

**Entity Name:** BLESSED SALON LLC

**Current Principal Place of Business:**

149 NW 11ST  
APT 1  
MIAMI, FL 33136

**Current Mailing Address:**

149 NW 11ST  
APT 1  
MIAMI, FL 33136 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

NUNEZ, SYLVIA  
149 NW 11ST  
APT 1  
MIAMI, FL 33136 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 AUTHORIZED REPRESENTATIVE  
Name BAGLEY, BETTY  
Address 523 NORTH AVE  
City-State-Zip: SANFORD NC 27330

Title OTHER, OWNER  
Name NUNEZ, SYLVIA  
Address 149 NW 11ST  
APT 1  
City-State-Zip: MIAMI FL 33136

*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:** SYLVIA NUNEZ

**OWNER**

**04/03/2021**

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

\_\_\_\_\_  
Date