

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000071404

Entity Name: MICHELLE WILLIAMSON HAIR THERAPIST LLC

Current Principal Place of Business:

1140 CAPITAL CIRCLE SE
#10
TALLAHASSEE, FL 32301

Current Mailing Address:

1140 CAPITAL CIRCLE SE
#10
TALLAHASSEE, FL 32301 US

FEI Number: 84-5105268

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMSON, MICHELLE D
4146 COTTAGEWOOD TRAIL
TALLAHASSEE, FL 32311 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 MGR
Name WILLIAMSON, MICHELLE D
Address 4146 COTTAGEWOOD TRAIL
City-State-Zip: TALLAHASSEE FL 32311

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: MICHELLE D WILLIAMSON

OWNER

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date