Electronic Signature of Signing Authorized Person(s) Detail

## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000143181

Entity Name: KL HEALTH & BEAUTY LLC

### **Current Principal Place of Business:**

6515 COLLINS AVENUE APT 1505 MIAMI, FL 33141

### **Current Mailing Address:**

6515 COLLINS AVENUE APT 1505 MIAMI, FL 33141 US

### FEI Number: 32-0629050

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

ACP BUSINESS USA CORP 777 BRICKELL AVE STE 500-71 MIAMI, FL 33131 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	Title	AMBR
Name	OLIONE PESSOA, LANA	Name	RESENDE TEIXEIRA, KELLY CRISTINA
Address City-State-Zip:	6515 COLLINS AVENUE APT 1505 MIAMI FL 33141	Address	RUA FABIO DE ALMEIDA MAGALHAES
City-State-Zip.		City-State-Zip:	SAO PAULO SP 05135370

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: LANA OLIONE PESSOA

AMBR

05/01/2022

FILED May 01, 2022 Secretary of State 5166063675CC

Certificate of Status Desired: No

Date