

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000191340

**Entity Name:** CLASSIC HAIR BY MONIQUE LLC

**Current Principal Place of Business:**

5849 N UNIVERSITY DR  
SUITE 110  
TAMARAC, FL 33321

**Current Mailing Address:**

4200 NW 24TH STREET  
LAUDERHILL, FL 33313 IS

**FEI Number:** 86-1827759

**Certificate of Status Desired:** No

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

LEE, KATRISA M  
4200 NW 24TH STREET  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEE, KATRISA M  
Address 4200 NW 24TH STREET  
City-State-Zip: LAUDERHILL FL 33313

*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:** KATRISA M. LEE

**OWNER/MANAGER**

**02/13/2024**

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

\_\_\_\_\_  
Date