

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000154285

**Entity Name:** KAMDOLL EXTENSIONS BEAUTY BAR LLC

**Current Principal Place of Business:**

5901 NORTHWEST 183RD STREET  
209  
HIALEAH, FL 33015

**Current Mailing Address:**

6240 NW 173 ST  
1009  
HIALEAH, FL 33015

**FEI Number:** 86-3434972

**Certificate of Status Desired:** Yes

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

LOUISSAINT, CAMBRINNA  
6240 NW 173 ST  
1009  
HIALEAH, FL 33015 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                   | Title           | AMBR                  |
| Name            | LOUISSAINT, CAMBRINNA | Name            | LOUISSAINT, CAMBRINNA |
| Address         | 14030 NW 5 PL         | Address         | 14030 NW 5 PL         |
| City-State-Zip: | MIAMI FL 33168        | City-State-Zip: | MIAMI FL 33168        |

*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:** LOUISSAINT, CAMBRINNA

**AUTHORIZED  
AGENT/MANAGER**

**04/29/2022**

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

\_\_\_\_\_  
Date