

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000439159

**Entity Name:** SAM HEIDI HAIR STUDIO LLC

**Current Principal Place of Business:**

6738 N UNIVERSITY DR  
#10  
TAMARAC, FL 33321

**Current Mailing Address:**

6738 N UNIVERSITY DR  
#10  
TAMARAC, FL 33321 US

**FEI Number:** 87-3018375

**Certificate of Status Desired:** No

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

PIETTE, OLIVIER J  
1801 BELMONT LANE  
NORTH LAUDERDALE, FL 33068 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 MEMBER	Title	AUTHORIZED MEMBER
Name	DELFOSSSE, SAMANTHA	Name	PIETTE, OLIVIER J
Address	1801 BELMONT LANE	Address	1801 BELMONT LANE
City-State-Zip:	NORTH LAUDERDALE FL 33068	City-State-Zip:	NORTH LAUDERDALE FL 33068

*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:** OLIVIER J PIETTE

**MEMBER**

**03/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date