

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000059089

**Entity Name:** HAIR LOSS HEROES LLC

**Current Principal Place of Business:**

27499 RIVERVIEW CENTER BLVD  
SUITE 105  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

27499 RIVERVIEW CENTER BLVD  
SUITE 105  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 88-0720669

**Certificate of Status Desired:** No

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

WILLIAM, LEES JAMES III  
27499 RIVERVIEW CENTER BLVD  
SUITE 105  
BONITA SPRINGS, FL 34134 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:** WILLIAM J LEES III

01/24/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GREKOS, ZANNOS  
Address 8890 TERRENE CT., SUITE 101  
City-State-Zip: BONITA SPRINGS FL 34135

Title AMBR  
Name LEES, WILLIAM J III  
Address 27499 RIVERVIEW CENTER BLVD  
SUITE 105  
City-State-Zip: BONITA SPRINGS FL 34134

*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:** WILLIAM JAMES LEES III

OWNER

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date