

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000207490

**Entity Name:** JODI KAE HAIR DESIGN LLC

**Current Principal Place of Business:**

618 NW 60TH STREET  
SUITE J  
GAINESVILLE,, FL 32607

**Current Mailing Address:**

10715 SW 10TH TER  
MICANOPY, FL 32667 US

**FEI Number:** 88-2491774

**Certificate of Status Desired:** No

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

MAGNANI, JODI K  
10715 SW 10TH TER  
MICANOPY, FL 32667 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  
Name            MAGNANI, JODI K  
Address        3809 NW 47TH TERRACE  
City-State-Zip: GAINESVILLE FL 32606

*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:** JODI MAGNANI

**OWNER**

**01/05/2024**

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

\_\_\_\_\_  
Date