# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PRISCILLA OVERSTREET Electronic Signature of Signing Authorized Person(s) Detail

# NORTH PORT. FL 34286 **Current Mailing Address:**

**Current Principal Place of Business:** 

1202 RONALD ST NORTH PORT, FL 34286 US

DOCUMENT# L22000322387

1202 RONALD ST

#### FEI Number: 88-3405457

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

Entity Name: PRESTIGIOUS HAIR SALON AND SPA LLC

ZENBUSINESS INC. 336 E. COLLEGE AVE. SUITE 301 TALLAHASSEE, FL 32301 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: KHADIJEH HEMMATI

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title AMBR OVERSTREET, PRISCILLA Name Address 1202 RONALD ST City-State-Zip: NORTH PORT FL 34286

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

MEMBER

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT FILED May 01, 2023

#### Secretary of State 5019330255CC

Certificate of Status Desired: No

05/01/2023 Date

05/01/2023 Date