

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000343527

**Entity Name:** BEAUTEE HAIR SALON LLC

**Current Principal Place of Business:**

8595 BEACH BLVD  
LOT 320, SUITE 102  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

5959 FT CAROLINE ROAD  
4304  
JACKSONVILLE, FL 32277 US

**FEI Number:** 88-3637362

**Certificate of Status Desired:** No

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

MCDONALD, TAMESHIA V  
5959 FT CAROLINE ROAD  
4304  
JACKSONVILLE, FL 32277 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 AR  
Name MYRICK, ANTIONETTE R  
Address 5959 FT CAROLINE ROAD APT 4304  
City-State-Zip: JACKSONVILLE FL 32277

Title AR  
Name MCDONALD, BRITTANY L  
Address 5959 FT CAROLINE ROAD APT 4304  
City-State-Zip: JACKSONVILLE FL 33277

Title AR  
Name RICHARDSON, TKEYA J  
Address 5959 FT CAROLINE ROAD APT 4304  
City-State-Zip: JACKSONVILLE FL 32277

Title MANAGER  
Name MCDONALD, TAMESHIA V  
Address 8595 BEACH BLVD  
LOT 320, SUITE 102  
City-State-Zip: JACKSONVILLE FL 32216

*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:** TAMESHIA V MCDONALD

**MANAGER**

**02/22/2024**

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

\_\_\_\_\_  
Date