

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000461425

**Entity Name:** KHAIR BEAUTY LLC

**Current Principal Place of Business:**

6586 W. ATLANTIC AVE  
#1219  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

6586 W. ATLANTIC AVE  
#1219  
DELRAY BEACH, FL 33446 US

**FEI Number:** 92-0868453

**Certificate of Status Desired:** No

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

JUSTE-AIME, CARINE  
6586 W. ATLANTIC AVE  
#1219  
DELRAY BEACH, FL 33446 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 MGR  
Name JUSTE-AIME, CARINE  
Address 6586 W. ATLANTIC AVE #1219  
City-State-Zip: DELRAY BEACH FL 33446

*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:** CARINE JUSTE-AIME

**MANAGER**

**04/29/2023**

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

\_\_\_\_\_  
Date