

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000509952

**Entity Name:** FAFA BRAIDS & SALON LLC

**Current Principal Place of Business:**

3024 N POWERS DR  
6  
ORLANDO, FL 32818

**Current Mailing Address:**

3024 N POWERS DR  
6  
ORLANDO, FL 32818 UN

**FEI Number:** 93-4171103

**Certificate of Status Desired:** Yes

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

FALANDA, FONTAINE F  
3024 N POWERS DR  
6  
ORLANDO, FL 32818 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 FALANDA, FONTAINE F  
Address 3024 N POWERS DR APT 6  
City-State-Zip: ORLANDO FL 32818

*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:** FALANDA, FONTAINE F

**MANAGER**

**05/01/2024**

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

\_\_\_\_\_  
Date