

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000028002

**Entity Name:** RUSH HAIR REPLACEMENT LLC

**Current Principal Place of Business:**

8600 NW SOUTH RIVER DR  
SUITE 110  
MEDLEY, FL 33166

**Current Mailing Address:**

8600 NW SOUTH RIVER DR  
SUITE 110  
MEDLEY, FL 33166 US

**FEI Number:** 99-0373830

**Certificate of Status Desired:** No

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

PUJOL, DARDO GSR  
9440 W BAY HARBOR DR  
5B  
BAY HARBOR, FL 33154 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 PUJOL, DARDO GSR  
Address 9440 W BAY HARBOR DR 5B  
City-State-Zip: BAY HARBOR FL 33154

Title MGR  
Name FEDI, PAOLA I  
Address 9440 W BAY HARBOR DR 5B  
City-State-Zip: BAY HARBOR FL 33154

*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:** DARDO PUJOL

**MANAGER**

**02/12/2019**

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

\_\_\_\_\_  
Date