

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000102090

**Entity Name:** 836 HAIR ENTERPRISES, LLC

**Current Principal Place of Business:**

5499 NW 42ND AVENUE  
BOCA RATON, FL 33496

**Current Mailing Address:**

5499 NW 42ND AVENUE  
BOCA RATON, FL 33496 US

**FEI Number:** 46-0740733

**Certificate of Status Desired:** No

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

SCHULMAN, MICHELE  
5499 NW 42ND AVENUE  
BOCA RATON, FL 33496 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:** MICHELE SCHULMAN

04/26/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | MGRM                | Title           | AUTHORIZED MEMBER   |
| Name            | SCHULMAN, SCOTT     | Name            | SCHULMAN, MICHELE   |
| Address         | 5499 NW 42ND AVENUE | Address         | 5499 NW 42ND AVENUE |
| City-State-Zip: | BOCA RATON FL 33496 | City-State-Zip: | BOCA RATON FL 33496 |

*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:** SCOTT SCHULMAN

MGRM

04/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date