

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000112498

**Entity Name:** AMARYLLIS HAIR LOUNGE LLC

**Current Principal Place of Business:**

6402 NORTH UNIVERSITY DR.  
TAMARAC, FL 33321

**Current Mailing Address:**

12650 NORTHWEST 14TH STREET  
SUNRISE, FL 33323 US

**FEI Number:** 46-0895363

**Certificate of Status Desired:** No

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

MEGA 1 SERVICES INC  
3810 INVERRARY BLVD  
102-0  
LAUDERHILL, FL 33319 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           MANAGER/ AUTHORIZED  
                  REPRESENTATIVE  
Name            VALDEZ, RAMONA  
Address         12650 NORTHWEST 14TH STREET  
City-State-Zip:  SUNRISE FL 33323

Title            MGR  
Name            MUNOZ, NATALIE A  
Address         12650 NW 14TH ST.  
City-State-Zip:  SUNRISE FL 33323

*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:** MUNOZ, NATALIE A

**MANAGER**

**02/13/2023**

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

\_\_\_\_\_  
Date