

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000032417

Entity Name: BEAUTY PRO DISTRIBUTOR LLC**Current Principal Place of Business:**5455 NORTH FEDERAL HIGHWAY
SUITE O
BOCA RATON, FL 33487**Current Mailing Address:**5455 NORTH FEDERAL HIGHWAY
SUITE O
BOCA RATON, FL 33487 US**FEI Number:** 46-4917675**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 N CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301 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:** XAVIAN BROWN

04/29/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SAIBOT MEDIA INC.
Address 5455 N FEDERAL HWY
SUITE O
City-State-Zip: BOCA RATON FL 33487

Title CO-CEO
Name BEER, MATTHEW
Address 31 HOWARD ST, 2ND FL
City-State-Zip: NEW YORK NY 10013

Title CHAIRMAN
Name WILSON, RUSS
Address 2811 PONCE DE LEON BLVD, SUITE
400
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VP
Name HAPAK, FRANK
Address 2811 PONCE DE LEON BLVD, STE 400
City-State-Zip: CORAL GABLES FL 33134

Title CO-CEO
Name BEER, ALEX
Address 31 HOWARD ST, 2ND FL
City-State-Zip: NEW YORK NY 10013

Title CFO
Name MICHAEL, ALEX
Address 31 HOWARD ST, 2ND FL
City-State-Zip: NEW YORK NY 10013

Title EXECUTIVE VP
Name WESTER, FOREST
Address 2811 PONCE DE LEON BLVD, SUITE
400
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VP, SECRETARY
Name GERSHMAN, DAVID
Address 2811 PONCE DE LEON, SUITE 400
City-State-Zip: CORAL GABLES FL 33134

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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: MICHELSA CALDERON

ASST SECRETARY

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	ASST. SECRETARY
Name	CALDERON, MICHELSA
Address	2811 PONCE DE LEON BLVD, STE 400
City-State-Zip:	CORAL GABLES FL 33134