I hereby certify that the information indicated on this report or supplemental report is true and accurat oath; that I am a managing member or manager of the limited liability company or the receiver or trus		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: JOANNE FALICK	OWNER	01/08/2021

SIGNATURE:	JOANNE FALICK
	Electronic Signature of Signing Authorized Person(s) Detail

9759 KAMENA CIR. BOYNTON BEACH. FL 33436 FEI Number: 47-4026399

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

Entity Name: JOANNE FALICK COSMETOLOGY, PLLC

FEIGENBAUM, DAVID 200 KNUTH ROAD SUITE 112 BOYNTON BEACH, FL 33436 US

DOCUMENT# L15000083020

BOYNTON BEACH. FL 33436

**Current Mailing Address:** 

9759 KAMENA CIR.

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: DAVID FEIGENBAUM

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title MGR Name FALICK, JOANNE Address 9759 KAMENA CIR. City-State-Zip: BOYNTON BEACH FL 33436

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

01/08/2021 Date

Date

