#### 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000119579

Entity Name: JB HAIRAPY LLC

Feb 28, 2025 **Secretary of State** 8737818215CC

**FILED** 

# **Current Principal Place of Business:**

19669 COCHRAN BLVD STE 121 PORT CHARLOTTE. FL 33948

### **Current Mailing Address:**

3720 PETUNIA TER.

NORTH PORT . FL 34286 US

FEI Number: 81-3150699 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

BRYSON, DALE 3720 PETUNIA TER. NORTH PORT, FL 34286 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: DALE BRYSON 02/28/2025

Electronic Signature of Registered Agent

Date

### Authorized Person(s) Detail:

Title **AMBR** 

Name BRYSON, JESSICA G

Address 19669 COCHRAN BLVD STE 121 City-State-Zip: PORT CHARLOTTE FL 33948

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: JESSICA G BRYSON

**PRESIDENT** 

02/28/2025