

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000153835

Entity Name: FRINGE HAIR EXPERIENCE LLC

Current Principal Place of Business:

9 WEST KING ST
QUINCY, FL 32351

Current Mailing Address:

9 WEST KING ST
QUINCY, FL 32351 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VENTRY, ANNA JO
9 WEST KING ST
QUINCY, FL 32351 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 AMBR
Name VENTRY, ANNA JO
Address 770 QUAIL ROOST DR
City-State-Zip: QUINCY FL 32352

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: ANNA JO VENTRY

AMBR

02/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date