

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000230616

**Entity Name:** ELITE BEAUTY SUPPLY, LLC

**Current Principal Place of Business:**

3105 N. MAIN ST  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

5185 CREEK CROSSING DR  
JACKSONVILLE, FL 32226 US

**FEI Number:** 81-4795254

**Certificate of Status Desired:** No

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

POOLE, SHADARYL L  
5185 CREEK CROSSING DR  
JACKSONVILLE, FL 32226 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 POOLE, SHADARYL L  
Address 5185 CREEK CROSSING DR  
City-State-Zip: JACKSONVILLE FL 32226

Title AMBR  
Name LUCAS, JAMON A  
Address 5185 CREEK CROSSING DR  
City-State-Zip: JACKSONVILLE FL 32226

*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:** SHADARYL L POOLE

AMBR

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date