

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000165964

**FILED**  
**Jan 27, 2025**  
**Secretary of State**  
**3081440614CC**

**Entity Name:** HAIROLOGY OF PANAMA CITY BEACH LLC

**Current Principal Place of Business:**

9902 SOUTH THOMAS  
12  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

16202 SKY AVE  
PANAMA CITY BEACH, FL 32413 US

**FEI Number:** 83-1207142

**Certificate of Status Desired:** No

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

ROCHEFORD, MARIE A  
9902 SOUTH THOMAS  
12  
PANAMA CITY BEACH, FL 32408 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:** MARIE ROCHEFORD

01/27/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            OWNER  
Name            ROCHEFORD, MARIE A  
Address        16202 SKY AVE  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title            ASSISTANT MANAGER  
Name            DUBOIS, DALTON J  
Address        16202 SKY AVE  
City-State-Zip: PANAMA CITY BEACH FL 32413

*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:** MARIE A ROCHEFORD

**OWNER**

01/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date