

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000217248

**Entity Name:** AMELIA HAIR THERAPY LLC

**Current Principal Place of Business:**

961687 GATEWAY BLVD  
SUITE 101 H AND I  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

86154 SANTA BARBARA ST  
YULEE, FL 32097 US

**FEI Number:** 83-1956571

**Certificate of Status Desired:** No

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

CUMMINGS, BRENDA L  
86154 SAINT BARBRA ST.  
YULEE, FL 32097 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 MGR  
Name CUMMINGS, BRENDA L  
Address 86154 SAINT BARBRA ST.  
City-State-Zip: YULEE FL 32034

*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:** BRENDA CUMMINGS

**OWNER**

**01/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date