

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000260350

Entity Name: SC BEAUTY CENTER LLC**Current Principal Place of Business:**1945 S. OAK HAVEN CIRCLE
MIAMI, FL 33179**Current Mailing Address:**1945 S. OAK HAVEN CIRCLE
MIAMI, FL 33179 US**FEI Number:** 83-2496910**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AYN SOF LLC
1945 S. OAK HAVEN CIRCLE
MIAMI, FL 33179 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	Title	MGR
Name	DANSOFDESIGNS	Name	AYN SOF LLC
Address	10825 NW 33 ST	Address	1945 S. OAK HAVEN CIRCLE
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33179
Title	MGR	Title	MGRM
Name	18 INVESTMENT PJ LLC	Name	DANSOFDESIGNS
Address	1945 S. OAK HAVEN CIRCLE	Address	10825 NW 33 ST
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33172
Title	MGRM	Title	MGRM
Name	AYN SOF LLC	Name	18 INVESTMENT PJ LLC
Address	1945 S. OAK HAVEN CIRCLE	Address	1945 S. OAK HAVEN CIRCLE
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179

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: JACQUES COHEN**DIRECTOR****01/06/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date