

2019 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
Name DANSOFDESIGNS
Address 10825 NW 33 ST
City-State-Zip: MIAMI FL 33172

Title MGR
Name AYN SOF LLC
Address 1945 S. OAK HAVEN CIRCLE
City-State-Zip: MIAMI FL 33179

Title MGR
Name 18 INVESTMENT PJ LLC
Address 1945 S. OAK HAVEN CIRCLE
City-State-Zip: MIAMI FL 33179

Title MGRM
Name DANSOFDESIGNS
Address 10825 NW 33 ST
City-State-Zip: MIAMI FL 33172

Title MGRM
Name AYN SOF LLC
Address 1945 S. OAK HAVEN CIRCLE
City-State-Zip: MIAMI FL 33179

Title MGRM
Name 18 INVESTMENT PJ LLC
Address 1945 S. OAK HAVEN CIRCLE
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

MGR

03/01/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date