

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000003472

**Entity Name:** STRONG SHAVE, LLC

**Current Principal Place of Business:**

1475 MARJOHN AVE.  
CLEARWATER, FL 33756

**Current Mailing Address:**

1475 MARJOHN AVE.  
CLEARWATER, FL 33756 US

**FEI Number: 85-4107927**

**Certificate of Status Desired: Yes**

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

STRONG, JEAN E  
1475 MARJOHN AVE  
CLEARWATER, FL 33756 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	PRESIDENT	Title	VP, COMMUNICATIONS & STRATEGY
Name	STRONG, JEAN E	Name	HARRELL, NATALIE R
Address	1475 MARJOHN AVE	Address	1800 W MORRISON AVE
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	TAMPA FL 33606
Title	VP, BRANDING	Title	VP, BUSINESS DEVELOPMENT
Name	STRONG, KRISTOFER D	Name	HARRELL, CHRISTOPHER D
Address	1686 SPOTTSWOOD CIRCLE	Address	1800 W MORRISON AVE
City-State-Zip:	PALM HARBOR FL 34683	City-State-Zip:	TAMPA FL 33606

*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: JEAN STRONG**

**PRESIDENT**

**01/13/2022**

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

\_\_\_\_\_  
Date