

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000219825

**Entity Name:** BENEVOLENT HAIR & LASHES LLC

**Current Principal Place of Business:**

1526 UNIVERSITY BLVD W  
SUITE 15  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

10221 RAMSEY FALLS DR  
JACKSONVILLE, FL 32222 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JOHNSON, SAMARIA N  
10221 RAMSEY FALLS DR  
JACKSONVILLE, FL 32222 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            CEO  
Name            JOHNSON, SAMARIA N  
Address        10221 RAMSEY FALLS DR  
City-State-Zip: JACKSONVILLE FL 32222

*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:** SAMARIA JOHNSON

CEO

03/28/2022

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

\_\_\_\_\_  
Date