2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 18, 2023
Secretary of State
0839395162CR

DOCUMENT# L20000329335

Entity Name: ROSIE HAIR GROWTH OIL LLC

Current Principal Place of Business:

1729 NW ST LUCIE WEST BLVD
#1260
PORT ST LUCIE, FL 34986

Current Mailing Address:

1729 NW ST LUCIE WEST BLVD
#1260
PORT ST LUCIE, FL 34986 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAINT JEAN, ROSENIE
1729 NW ST LUCIE WEST BLVD
#1260
PORT ST LUCIE, FL 34986 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: SAINT JEAN ROSENIE 11/18/2023

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	SAINT JEAN, ROSENIE	Name	SAINT JEAN, ROSENIE
Address	1729 NW ST LUCIE WEST BLVD #1260	Address	1729 NW ST LUCIE WEST BLVD #1260
City-State-Zip:	PORT ST LUCIE FL 34986	City-State-Zip:	PORT ST LUCIE FL 34986
Title	MANAGER	Title	MANAGER
Name	SAINT JEAN, ROSENIE	Name	SAINT JEAN, ROSENIE
Address	1729 NW ST LUCIE WEST BLVD #1260	Address	1729 NW ST LUCIE WEST BLVD #1260
City-State-Zip:	PORT ST LUCIE FL 34986	City-State-Zip:	PORT ST LUCIE FL 34986
Title	MANAGER	Title	MANAGER
Name	SAINT JEAN, ROSENIE	Name	SAINT JEAN, ROSENIE
Address	1729 NW ST LUCIE WEST BLVD #1260	Address	1729 NW ST LUCIE WEST BLVD #1260
City-State-Zip:	PORT ST LUCIE FL 34986	City-State-Zip:	PORT ST LUCIE FL 34986

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: SAINT JEAN ROSENIE MANAGER 11/18/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date