

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000018161

Entity Name: ULOVEKORII HAIR COLLECTION LLC**Current Principal Place of Business:**3801 NW 21ST STREET
APT 303
LAUDERDALE LAKES, FL 33311**Current Mailing Address:**3801 NW 21ST STREET
APT 303
LAUDERDALE LAKES, FL 33311 US**FEI Number:** 86-1674535**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARMON, SHAKORIA
3801 NW 21ST STREET
APT 303
LAUDERDALE LAKES, FL 33311 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	HARMON, SHAKORIA
Address	3801 NW 21ST STREET APT 303
City-State-Zip:	LAUDERDALE LAKES FL 33311

Title	MEMBER
Name	HARMON, SHAKORIA
Address	3801 NW 21ST STREET APT 303
City-State-Zip:	LAUDERDALE LAKES FL 33311

Title	MEMBER
Name	CALVERT , KAIDEN
Address	3801 NW 21ST STREET APT 303
City-State-Zip:	LAUDERDALE LAKES FL 33311

Title	MEMBER
Name	WOOD, KYMANI
Address	3801 NW 21ST STREET APT 303
City-State-Zip:	LAUDERDALE LAKES FL 33311

Title	MEMBER
Name	HARMON, PHYLLISTINA
Address	3801 NW 21ST STREET APT 303
City-State-Zip:	LAUDERDALE LAKES FL 33311

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: SHAKORIA HARMON**MANAGER****05/01/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date