

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000380373

**Entity Name:** JESS P HAIR STUDIO LLC

**Current Principal Place of Business:**

515 E ALTAMONTE DR  
SUITE 1005  
ALTAMONTE SPRINGS, AL 32701

**Current Mailing Address:**

820 MAIN LN  
APT 1130  
ORLANDO, FL 32801 US

**FEI Number:** 87-3139339

**Certificate of Status Desired:** No

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

POWELL, JESSICA  
515 E ALTAMONTE DR  
SUITE 1005  
ALTAMONTE SPRINGS, FL 32701 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            AUTHORIZED MEMBER  
Name            POWELL, JESSICA E  
Address        820 MAIN LN  
                  APT 1130  
City-State-Zip: ORLANDO FL 32801

*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:** JESSICA POWELL

**OWNER**

**02/16/2024**

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

\_\_\_\_\_  
Date