

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000164521

**Entity Name:** CLASSIC UNISEX HAIR SALON, LLC

**Current Principal Place of Business:**

2500 W INTERNATIONAL SPEEDWAY BLVD  
900 # 1185  
DAYTONA BEACH , FL 32114, FL 32114

**Current Mailing Address:**

2500 W INTERNATIONAL SPEEDWAY BLVD  
900  
DAYTONA BEACH , FL 32114, FL 32114 US

**FEI Number:** 99-2448937

**Certificate of Status Desired:** Yes

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

TELFORT, IVLINE  
2500 W INTERNATIONAL SPEEDWAY BLVD  
900  
DAYTONA BEACH , FL 32114, FL 32114 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 TELFORT, IVLINE  
Address 2500 W INTERNATIONAL SPEEDWAY BLVD  
City-State-Zip: DAYTONA BEACH , FL 32114 FL 32114

Title AMBR  
Name TELFORT, IVLINE  
Address 2500 W INTERNATIONAL SPEEDWAY BLVD  
City-State-Zip: DAYTONA BEACH , FL 32114 FL 32114

Title AMBR  
Name MARSEILLE, BRIAN  
Address 2500 W INTERNATIONAL SPEEDWAY BLVD  
City-State-Zip: DAYTONA BEACH , FL 32114 FL 32114

*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:** IVLINE TELFORT

**OWNER**

**03/15/2025**

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

\_\_\_\_\_  
Date