

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000078567

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NATURAL HAIR CARE, LLC

**Current Principal Place of Business:**

3790 JACKSON BLVD  
FORT LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

1383 SW 21ST TERR  
FORT LAUDERDALE, FL 33312 US

**Current Mailing Address:**

3790 JACKSON BLVD  
FORT LAUDERDALE, FL 33312 US

**New Mailing Address:**

1383 SW 21ST TERR  
FORT LAUDERDALE, FL 33312 US

FEI Number: 27-3115879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAM R. BLACK & ASSOCIATES, PL  
1700 NE 26TH STREET  
SUITE 4  
WILTON MANORS, FL 33305 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BARR, ANN MARIE  
Address: 1383 SW 21 TERR  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANN MARIE BARR

MGRM

04/30/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date