# DOCUMENT# L02000032993 Entity Name: INTERNATIONAL HAIR AND BEAUTY SYSTEMS, LLC

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Current Principal Place of Business:

9225 ULMERTON ROAD SUITE D LARGO, FL 33771

# **Current Mailing Address:**

9225 ULMERTON ROAD SUITE D LARGO, FL 33771

## FEI Number: 56-2306875

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

TALDONE, NICHOLAS 9020 RANCHO DEL RIO DRIVE NEW PORT RICHEY, FL 34655 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

#### Authorized Person(s) Detail :

| Title           | MGRM  | Title           | MGR                  |
|-----------------|---|-----------------|----------------------|
| Name<br>Address | SCOTT MITCHELL INVESTMENTS,<br>LLC<br>3265 BOESCH BLVD.<br>ip: PALM HARBOR FL 34684 | Name            | MITCHELL, SCOTT      |
|                 |   | Address         | 3265 BOESCH BLVD.    |
|                 |   | City-State-Zip: | PALM HARBOR FL 34684 |
| City-State-Zip: |   |                 |                      |
| Title           | AUTHORIZED MEMBER   |                 |                      |
| Name            | TALDONE, NICHOLAS   |                 |                      |
| Address         | 9020 RANCHO DEL RIO DRIVE<br>SUITE 100  |                 |                      |
| City-State-Zip: | NEW PORT RICHEY FL 34655  |                 |                      |

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: NICHOLAS TALDONE

AUTHORIZED MEMBER 04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date