

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020923

Entity Name: AGELESS STYLE HAIR SALON, LLC

Current Principal Place of Business:

40 W NEW HAVEN AVE.
MELBOURNE, FL 32901

Current Mailing Address:

40 W NEW HAVEN AVE.
MELBOURNE, FL 32901

FEI Number: 20-0898874

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD, STE 505
MELBOURNE, FL 32901 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 NEWPORT, CYNTHIA S
Address 40 W. NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CYNTHIA S NEWPORT

OWNER

04/13/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date