

**2015 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CYNTHIA NEWPORT

**MANAGER**

**02/21/2015**

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

\_\_\_\_\_ Date