

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110966

**Entity Name:** NAKED HAIR SALON LLC.

**Current Principal Place of Business:**

290 SE 6TH AVE  
SUITE 3  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

290 SE 6 AVENUE STE 3  
DELRAY BEACH, FL 33483 US

**FEI Number:** 27-1171545

**Certificate of Status Desired:** No

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

SHUMAN, JANINE ROSE  
116 NE 6TH STREET  
DELRAY BEACH, FL 33444 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	Title	AUTHORIZED MEMBER
Name	GALLO, JANINE ROSE	Name	SHUMAN, ROBERT A
Address	116 NE 6TH STREET	Address	116 NE 6TH STREET
City-State-Zip:	DELRAY BEACH FL 33444	City-State-Zip:	DELRAY BEACH FL 33444

*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:** JANINE ROSE GALLO

**MGR**

**04/20/2017**

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

\_\_\_\_\_  
Date