

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:**

GALLO, JANINE ROSE  
290 SE 6TH AVE  
SUITE 3  
DELRAY BEACH, FL 33483 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:** JANINE ROSE GALLO

08/16/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	GALLO, JANINE ROSE	Name	ROBERT , SHUMAN A
Address	4540 N 44TH STREET UNIT#46	Address	290 SE 6TH AVE STE: 3
City-State-Zip:	PHOENIX AZ 85018	City-State-Zip:	DELRAY BEACH FL 33483

*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:** ROBERT SHUMAN

MGR

08/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date