

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110966

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

**Current Principal Place of Business:**

10 SE 1ST AVENUE, UNIT D  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

116 NE 6TH STREET  
DELRAY BEACH, FL 33444

**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  
Name SHUMAN, JANINE ROSE  
Address 116 NE 6TH STREET  
City-State-Zip: DELRAY BEACH FL 33444

Title AUTHORIZED MEMBER  
Name SHUMAN, ROBERT A  
Address 116 NE 6TH STREET  
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 SHUMAN

**PRESIDENT**

**04/22/2015**

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

\_\_\_\_\_  
Date