

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000078567

**Entity Name:** NATURAL HAIR CARE, LLC

**Current Principal Place of Business:**

1383 SW 21ST TERR  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

1383 SW 21ST TERR  
FORT LAUDERDALE, FL 33312 US

**FEI Number:** 27-3115879

**Certificate of Status Desired:** No

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

WILLIAM R. BLACK & ASSOCIATES, PL  
1700 NE 26TH STREET  
SUITE 4  
WILTON MANORS, FL 33305 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 MGRM  
Name BARR, ANN MARIE  
Address 1383 SW 21 TERR  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** ANN MARIE BARR

**OWNER**

**04/30/2013**

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

\_\_\_\_\_  
Date