

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000041082

Entity Name: THE HAIR EXCHANGE, LLC

Current Principal Place of Business:

3839 N MONROE ST., #10
TALLAHASSEE, FL 32303

Current Mailing Address:

3839 N MONROE ST., #10
TALLAHASSEE, FL 32303

FEI Number: 59-3582090

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILL, DEBORAH M
3839 N MONROE ST., #10
TALLAHASSEE, FL 32303 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 HILL, DEBORAH M
Address 3839 N MONROE ST., #10
City-State-Zip: TALLAHASSEE FL 32303

Title ASST. MANAGER
Name HODGES, ASHLYN H
Address 3839 N MONROE ST., #10
City-State-Zip: TALLAHASSEE FL 32303

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: DEBORAH M. HILL

MANAGER

03/31/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date