

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000041082

**Entity Name:** THE HAIR EXCHANGE, LLC

**Current Principal Place of Business:**

3839 N MONROE ST., #11  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

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

**FEI Number:** 47-5562796

**Certificate of Status Desired:** No

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

HILL, DEBORAH M  
3839 N MONROE ST., #11  
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., #11  
City-State-Zip: TALLAHASSEE FL 32303

Title ASST. MANAGER  
Name HODGES, ASHLYN H  
Address 3839 N MONROE ST., #11  
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

MGRM

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date