

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000110662

**FILED**  
**Aug 28, 2015**  
**Secretary of State**  
**CC8146135165**

**Entity Name:** HOW TO BE A REDHEAD LLC

**Current Principal Place of Business:**

131 PENINSULAR AVE  
HAINES CITY, FL 33844

**Current Mailing Address:**

131 PENINSULAR AVE  
HAINES CITY, FL 33844

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VENDETTI, JAN N  
131 PENINSULAR AVE  
HAINES CITY, FL 33844 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 VENDETTI, ADRIENNE  
Address 512 SINGLETARY PLACE  
City-State-Zip: FAYETTEVILLE NC 28314

Title MGRM  
Name VENDETTI, STEPHANIE  
Address 4227 BRANDIE GLEN RD  
City-State-Zip: CHARLOTTE NC 28269

Title MGRM  
Name VENDETTI, MICHAEL P  
Address 131 PENINSULAR AVE  
City-State-Zip: HAINES CITY FL 33844

*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:** MICHAEL P VENDETTI

**MGR**

**08/28/2015**

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

\_\_\_\_\_  
Date