

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000142895

**Entity Name:** 5TH AVENUE HAIR STYLE, LLC

**Current Principal Place of Business:**

1351 N. GOLDENROD ROAD  
SUITE 5  
ORLANDO, FL 32807

**Current Mailing Address:**

1351 N. GOLDENROD ROAD  
SUITE 5  
ORLANDO, FL 32807

**FEI Number:** 45-4101053

**Certificate of Status Desired:** No

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

RAMIREZ, OLGA  
1351 N. GOLDENROD ROAD  
SUITE 5  
ORLANDO, FL 32807 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 RAMIREZ, OLGA  
Address 1351 N. GOLDENROD ROAD  
SUITE 5  
City-State-Zip: ORLANDO FL 32807

Title MGRM  
Name RAMIREZ, LUZ N  
Address 1351 N. GOLDENROD ROAD  
SUITE 5  
City-State-Zip: ORLANDO FL 32807

Title MGRM  
Name RAMIREZ, GLORIA J  
Address 1351 N. GOLDENROD ROAD  
SUITE 5  
City-State-Zip: ORLANDO FL 32807

*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:** OLGA RAMIREZ

MGRM

04/17/2014

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

\_\_\_\_\_  
Date