# Electronic Signature of Signing Authorized Person(s) Detail

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000145058

Entity Name: HAIR'S NATURAL SOLUTIONS LLC

#### **Current Principal Place of Business:**

9290 HAMMOCKS BLVD 403 MIAMI, FL 33196

## **Current Mailing Address:**

9290 HAMMOCKS BLVD 403 MIAMI, FL 33196 US

## FEI Number: 61-1581705

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

VALEZAR AND ASSOCIATES, INC. 12485 SW 137TH AVENUE SUITE 104 MIAMI, FL 33186 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

#### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	BOUCHEREAU, SARAH K	Name	BOUCHEREAU, PAULA
Address	10612 SW 128TH PLACE	Address	9290 HAMMOCKS BLVD. #403
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33196

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: SARAH BOUCHEREAU

DIRECTOR OF OPERATIONS 01/09/2014

Date

## FILED Jan 09, 2014 Secretary of State CC5195201809

Certificate of Status Desired: No

Date