

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000105634

**Entity Name:** HAIR ECSTASY, LLC

**Current Principal Place of Business:**

4500 N.W. 135TH STREET  
OPA LOCKA, FL 33054

**Current Mailing Address:**

4500 N.W. 135TH STREET  
OPA LOCKA, FL 33054 US

**FEI Number:** 46-0809605

**Certificate of Status Desired:** No

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

KRIGER, FRANK  
4500 N.W. 135TH STREET  
OPA LOCKA, FL 33054 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 KRIGER, FRANK  
Address 4500 N.W. 135TH STREET  
City-State-Zip: OPA LOCKA FL 33054

Title MEMBER  
Name KRIGER, NELSON  
Address 4500 N.W. 135TH STREET  
City-State-Zip: OPA LOCKA FL 33054

*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:** FRANK J KRIGER

**MANAGING MEMBER**

**01/16/2015**

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

\_\_\_\_\_  
Date