## 2014 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

FILED Feb 18, 2014

**Secretary of State** 

CC0405947690

Authorized Person(s) Detail:

Title MGRM Title MEMBER

Name KRIGER, FRANK Name KRIGER, NELSON

Address 4500 N.W. 135TH STREET Address 4500 N.W. 135TH STREET

City-State-Zip: OPA LOCKA FL 33054

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

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER

02/18/2014