

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000126529

Entity Name: HAIR THERAPY, LLC

Current Principal Place of Business:

325 NE 25TH AVE
OCALA, FL 34470

Current Mailing Address:

325 NE 25TH AVE
OCALA, FL 34470

FEI Number: 47-4603345

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NELSON, AIMEE L
325 NE 25TH AVE
OCALA, FL 34470 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	MGR
Name	NELSON, AIMEE L
Address	325 NE 25TH AVE
City-State-Zip:	OCALA FL 34470

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: AIMEE L NELSON

MGR

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date