

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000107890

Entity Name: HEAL THY HAIR LLC**Current Principal Place of Business:**1310 E. BUSCH BLVD.
TAMPA,, FL 33612**Current Mailing Address:**8881 BARCIN CIR
RIVERVIEW, FL 33578**FEI Number:** 46-2299046**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MATTHEWS, STEPHANIEE
1310 E. BUSCH BLVD
TAMPA,, FL 33612 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	MATTHEWS, STEPHANIEE
Address	8861 BARCIN CIR
City-State-Zip:	RIVERVIEW FL 33578

Title	AP
Name	MATTHEWS, NAOMIEE N
Address	8861 BARCIN CIR
City-State-Zip:	RIVERVIEW FL 33578

Title	AP
Name	PUMPHREY, LONNIE V III
Address	12702 HOLLOW HUNT CT#203
City-State-Zip:	TAMPA FL 33625

Title	AP
Name	SHERROD, KELLEN
Address	8861 BARCIN CIR
City-State-Zip:	RIVERVIEW FL 33578

Title	AMBR
Name	MONROE, DESIREE
Address	11702 HOLLOW HUNT CT. #203
City-State-Zip:	TAMPA FL 33625

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: STEPHANIEE MATTHEWS**MANAGER****04/30/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date