

**2019 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 12702 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****04/21/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date