

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000125316

**Entity Name:** DAILY HAIR STYLER, LLC

**Current Principal Place of Business:**

327 KIM'S LANE  
LAMONT, FL 32336

**Current Mailing Address:**

327 KIM'S LANE  
LAMONT, FL 32336

**FEI Number:** 81-3205161

**Certificate of Status Desired:** No

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

JONES, ILA  
327 KIMS LANE  
LAMONT, FL 32336 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 AMBR  
Name JONES, ILA  
Address 327 KIM'S LANE  
City-State-Zip: LAMONT FL 32336

Title AMBR  
Name TYSON, LYNN M  
Address 327 KIM'S LANE  
City-State-Zip: LAMONT FL 32336

*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:** ILA JONES

AMBR

03/10/2017

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

\_\_\_\_\_  
Date