

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000181185

**Entity Name:** IDEAL HAIR SOLUTIONS LLC

**Current Principal Place of Business:**

1023 NW 139 TER  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

1023 NW 139 TER  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 81-3995442

**Certificate of Status Desired:** No

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

LEON, ALDO G  
1023 NW 139 TER  
PEMBROKE PINES, FL 33028 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 LEON, ALDO G  
Address 1023 NW 139 TER  
City-State-Zip: PEMBROKE PINES FL 33028

Title MGR  
Name CABALLERO DE LEON, MARLIN  
Address 1023 NW 139 TER  
City-State-Zip: PEMBROKE PINES FL 33028

Title MGR  
Name CARMONA, YORDAN L  
Address 2341 TARPON DR  
City-State-Zip: MIRAMAR FL 33023

*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:** ALDO G LEON

MGR

04/28/2017

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

\_\_\_\_\_  
Date