

LO1000001534

0355-005-\$50.00-\$50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 202.L.L.C.A/R
1. Entity Name
LO1000001534
HI TECH HAIR LINE LLC

FILED
02 OCT 22 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
908048

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2. Principal Place of Business 236 S.W. 10TH ST. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State OCALA, FLORIDA		City & State	
Zip 34474	Country USA	Zip	Country
4. FEI Number 75-3084922		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name LILIANA ESTES
Street Address (P.O. Box Number is Not Acceptable) 3507 SE FT KING ST # 234
City OCALA FL Zip Code 34470

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LILIANA ESTES MANAGER MEMBER 236 SW 10TH ST. OCALA, FL 34474
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 6-27-02 Daytime Phone #

CR2E083B (12/01)