

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90616 046 \*\*\*\*\*50.00

DOCUMENT # L02000014723

1. Entity Name

Dean Smith's Hair Techniques, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

529 Sandy Oaks Blvd

3. Mailing Address

529 Sandy Oaks Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

4. FEI Number

01-0708366

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name Daniel S Friebis

Street Address (P.O. Box Number is Not Acceptable)

3890 Turtle Creek Drive B-1

City

Port Orange

FL

Zip Code  
32127

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Member  
NAME Dean C. Smith  
STREET ADDRESS 529 Sandy Oaks Blvd  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE Member  
NAME Mark Smith  
STREET ADDRESS 529 Sandy Oaks Blvd  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

4/3/03

Date

(386) 679-7634

Daytime Phone #

CR2E083B (12/02)