

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90015 017 ****50.00

DOCUMENT # L02000032990

1. Entity Name

HAIR AUTHORITY, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Hair Authority LLC.

Suite, Apt. #, etc.

3. Mailing Address

2557 Park Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sanford FL

City & State

Sanford FL

4. FEI Number

02 0666 002

Applied For

Not Applicable

Zip *32773*

Country

Zip

32773

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Hair Authority LLC. BARBARA WITTELL

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

2557 Park Rd

City

SANFORD

FL

Zip Code

32773

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

Barbara Wittell

BARBARA WITTELL

3/3/03

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	<i>SINGLE OWNER, LLC.</i>
NAME	<i>Barbara Wittell MGR</i>
STREET ADDRESS	<i>2557 Park Rd</i>
CITY-ST-ZIP	<i>Sanford FL 32773</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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:

Barbara Wittell

Barbara Wittell

3/3/03

407-330 5222

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

Date Daytime Phone #

CR2E083B (12/02)