

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080445

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** MOXI HAIR COMPANY LLC

**Current Principal Place of Business:**

3446 TAMPA RD  
CLEARWATER, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

10508 PONTOFINO CIRCLE  
TRINITY, FL 34655

**New Mailing Address:**

**FEI Number:** 27-0768776

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOLECKO, KEVIN R  
10508 PONTOFINO CIRCLE  
TRINITY, FL 34655 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOLECKO, KELLY M  
Address: 19624 LAKE OSCEOLA LANE  
City-St-Zip: ODESSA, FL 34655 US

Title: MGRM  
Name: WIGGINS, LAURIE  
Address: 439 PAULA DRIVE S APT 439  
City-St-Zip: DUNEDIN, FL 34698 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KELLY HOLECKO

MGRM

04/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date