

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090215

**Entity Name:** LILY'S HAIR NOW! LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1655 N. ROCK SPRINGS RD  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

528 SANDWEDGE LOOP  
APOPKA, FL 32712 US

**New Mailing Address:**

5 DEER HOLLOW DR  
HOWELL, NJ 07731 US

**FEI Number:** 27-0955354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAGENNUSA, DIANE  
1655 N. ROCK SPRINGS RD  
APOPKA, FL 32712 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:** MGR  
**Name:** FICARRA, ANTHONY  
**Address:** 5 DEER HOLLOW DRIVE  
**City-St-Zip:** HOWELL, NJ 07731

**Title:** MGRM  
**Name:** LAGENNUSA, DIANE  
**Address:** 1117 STANTON SHADOW LANE  
**City-St-Zip:** APOPKA, FL 32712

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:** ANTHONY FICARRA

MGR

02/07/2012

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