

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000086481

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** LESLE'S FULL SERVICES UNISEX BEAUTY SALON, LLC

**Current Principal Place of Business:**

35 N. KROME AVENUE  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

2610 NW 7 ST  
2ND FLOOR  
MIAMI, FL 33125 US

**Current Mailing Address:**

8143 SW 160 AVE  
MIAMI, FL 33193 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

JONES, MARIA E  
8143 SW 160 AVE  
MIAMI, FL 33193 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: JONES, MARIA E  
Address: 8143 SW 160 AVE  
City-St-Zip: MIAMI, FL 33193 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: MARIA E JONES                      MGR                      04/05/2012

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