

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000129771

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** V KUTZ @ STYLES HAIR CARE L.L.C.

**Current Principal Place of Business:**

421 SW 4TH TERRACE  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

1696 S 22ND AVE  
HOLLYWOOD, FL 33020 US

**Current Mailing Address:**

421 SW 4TH TERRACE  
HALLANDALE, FL 33009 US

**New Mailing Address:**

**FEI Number:** 43-3746876      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DOUGLAS, LAVERA  
421 SW 4TH TERRACE  
HALLANDALE, FL 33009 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:** DOUGLAS, LAVERA  
**Address:** 421 SW 4TH TERRACE  
**City-St-Zip:** HALLANDALE, FL 33009 US

**Title:** MGR  
**Name:** REED, KELTON  
**Address:** 2546 WILEY ST  
**City-St-Zip:** HOLLYWOOD, FL 33020 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: LAVERA DOUGLAS

PRE

04/04/2012

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