

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105504

**Entity Name:** THE ONE HAIR SCHOOL OF COSMETOLOGY AND BARBERING  
LLC

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC0264159250**

**Current Principal Place of Business:**

500 ARDICE AVE  
EUSTIS, FL 32726

**Current Mailing Address:**

2291 BRACKNELL FOREST TRL  
TAVARES, FL 32778

**FEI Number: 80-0355817**

**Certificate of Status Desired: No**

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

WALKER, DAWN L  
2291 BRACKNELL FOREST TRL  
TAVARES, FL 32778 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name WALKER, DAWN L  
Address 2291 BRACKNELL FOREST TRL  
City-State-Zip: TAVARES FL 32778

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: DAWN L. WALKER

MGR

04/28/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date