

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000050778

Entity Name: MAGUE'S BEAUTY SALON LLC

Current Principal Place of Business:

4185 W HWY 40
STE D
OCALA, FL 34482

Current Mailing Address:

4185 W HWY 40
STE D
OCALA, FL 34482 US

FEI Number: 80-0714456

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARISELA, DOMINGUEZ
4185 W HWY 40
STE D
OCALA, FL 34482 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	MGRM	Title	MGR
Name	DOMINGUEZ, MARISELA	Name	ALGARIN, MARGARITA D
Address	4185 W HWY 40 STE D	Address	4185 W HWY 40 STE D
City-State-Zip:	OCALA FL 34482	City-State-Zip:	OCALA FL 34482

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: MARISELA DOMINGUEZ

MBRM

03/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date