

**2013 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:** No

**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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARISELA DOMINGUEZ

MGRM

07/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date