

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000064534

Entity Name: THERAPY HAIR STUDIO, LLC

Current Principal Place of Business:

5275 UNIVERSITY PKWY
UNIT 104 SUITE 401
SARASOTA, FL 34241

Current Mailing Address:

4190 TAGGART CAY S #108
SARASOTA, FL 34233 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALMER, BRIAN
2937 BEE RIDGE RD
SUITE 2
SARASOTA, FL 34239 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
Name GINGRAS, ALISSA
Address 4190 TAGGART CAY S #108
City-State-Zip: SARASOTA FL 34233

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: ALISSA GINGRAS

03/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date