Entity N	lame:	83	6 HAIR	ENTER	PRISE	ES, LLC	2		
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2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

5499 NW 42ND AVENUE BOCA RATON, FL 33496

Current Mailing Address:

DOCUMENT# L12000102090

5499 NW 42ND AVENUE BOCA RATON, FL 33496 US

FEI Number: 46-0740733

Name and Address of Current Registered Agent:

SCHULMAN, MICHELE 5499 NW 42ND AVENUE BOCA RATON, FL 33496 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.

ATURE: MICHELE SCHULMAN									
Electronic Signature of Registered Agent			Date						
Authorized Person(s) Detail :									
MGRM	Title	AUTHORIZED MEMBER							
SCHULMAN, SCOTT	Name	SCHULMAN, MICHELE							
5499 NW 42ND AVENUE	Address	5499 NW 42ND AVENUE							
BOCA RATON FL 33496	City-State-Zip:	BOCA RATON FL 33496							
e N S E	Electronic Signature of Registered Agent erson(s) Detail : //GRM SCHULMAN, SCOTT 5499 NW 42ND AVENUE	Electronic Signature of Registered Agent erson(s) Detail : MGRM Title SCHULMAN, SCOTT Name 6499 NW 42ND AVENUE Address	Electronic Signature of Registered Agent erson(s) Detail : MGRM Title AUTHORIZED MEMBER SCHULMAN, SCOTT Name SCHULMAN, SCOTT Address 5499 NW 42ND AVENUE Address						

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: MICHELE SCHULMAN

AUTHORIZED MEMBER 04/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 20, 2015 Secretary of State CC9018092606

Certificate of Status Desired: No