

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000021221

**Entity Name:** CMG HAIR STUDIOS LLC

**Current Principal Place of Business:**

4634 N UNIVERSITY DR.  
FORT LAUD, FL 33351

**Current Mailing Address:**

PO BOX 5252  
FORT LAUDERDALE  
FL, FL 33310 US

**FEI Number:** 46-3073274

**Certificate of Status Desired:** No

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

BROWN, JOHNETT S  
4634 N UNIVERSITY DR.  
FT LAUDERHILL, FL 33351 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            CEO  
Name            BROWN, JOHNETT S  
Address        4634 N. UNIVERSITY DR  
City-State-Zip: LAUDERHILL FL 33351

*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:** JOHNETT BROWN

MS

03/20/2017

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

\_\_\_\_\_ Date