

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000160444

**Entity Name:** INSPIRED CREATIONS BEAUTY SALON, LLC.

**Current Principal Place of Business:**

342 N MAGNOLIA AVE  
OCALA, FL 34471

**Current Mailing Address:**

342 N MAGNOLIA AVE  
OCALA, FL 34471

**FEI Number:** 47-2113626

**Certificate of Status Desired:** No

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

FARMER-GARMON, MONICA J  
2203 SW 4TH ST  
OCALA, FL 34471 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	MGR	Title	AR
Name	FARMER-GARMON, MONICA J	Name	GARMON, FREDDIE
Address	2203 SW 4TH ST	Address	2203 SW 4TH ST
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

*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:** MONICA FARMER-GARMON

**MGR**

**04/15/2016**

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

\_\_\_\_\_  
Date