

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000165963

**Entity Name:** MARCO AND ANTHONY HAIR STUDIO LLC

**Current Principal Place of Business:**

601 N CONGRESS AVE, STE 409  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

601 N CONGRESS AVE #409  
DELRAY BEACH, FL 33445

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CSG - CAPITAL SERVICES GROUP INC  
446 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441 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 AMBR  
Name BELLA FORTUNA USA, LLC  
Address 601 N CONGRESS AVE, STE 409  
City-State-Zip: DELRAY BEACH FL 33445

Title AMBR  
Name BEAUTY HUNTER USA, CORP.  
Address 1321 SE 10TH TERRACE  
City-State-Zip: DEERFIELD BEACH FL 33441

Title P  
Name POLLACK, RICHARD  
Address 601 N CONGRESS AVE, STE 409  
City-State-Zip: DELRAY BEACH FL 33445

Title VP  
Name POLLACK, MARIA FERNANDA  
Address 601 N CONGRESS AVE, STE 409  
City-State-Zip: DELRAY BEACH FL 33445

Title VP  
Name MOURA, ANTHONY  
Address 1321 SE 10TH TERRACE  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** BELLA FORTUNA USA, LLC

AMBR

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date