

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000052749

**Entity Name:** HANDSNMOTION HAIR STUDIO LLC

**Current Principal Place of Business:**

1012-16 MARGARET ST  
SUITE 103  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

P O BOX 2142  
JACKSONVILLE, FL 32203 US

**FEI Number:** 82-0797423

**Certificate of Status Desired:** No

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

HILL, TANISHA M  
1012-16 MARGARET ST  
SUITE 103  
JACKSONVILLE, FL 32204 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  
Name HILL, TANISHA M  
Address P O BOX 2142  
City-State-Zip: JACKSONVILLE FL 32203

*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:** TANISHA HILL

MGR

03/29/2018

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

\_\_\_\_\_  
Date