

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000209261

**Entity Name:** CURLY SHIRLEY ORGANIC HAIR CARE, LLC.

**Current Principal Place of Business:**

3810 INVERRARY BLVD, , FL 33319  
SUITE: 401  
FORT LAUDERDALE, FL 33319

**Current Mailing Address:**

3810 INVERRARY BLVD, , FL 33319  
SUITE: 401  
FORT LAUDERDALE, FL 33319 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FIGGERS, NATLIE G  
3810 INVERRARY BLVD, , FL 33319  
SUITE: 401  
FORT LAUDERDALE, FL 33319 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	MGR
Name	FIGGERS, NATLIE G	Name	CANEUS, SHIRLEY G
Address	3810 INVERRARY BLVD, , FL 33319 SUITE: 401	Address	3810 INVERRARY BLVD, , FL 33319 SUITE: 401
City-State-Zip:	FORT LAUDERDALE FL 33319	City-State-Zip:	FORT LAUDERDALE FL 33319

*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:** NATLIE FIGGERS

MGR

04/05/2019

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

\_\_\_\_\_  
Date