

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000004032

**Entity Name:** ORIBE HAIR CARE, LLC

**Current Principal Place of Business:**

665 BROADWAY  
SUITE 502  
NEW YORK, NY 10012

**Current Mailing Address:**

665 BROADWAY  
SUITE 502  
NEW YORK, NY 10012 US

**FEI Number:** 26-1182686

**Certificate of Status Desired:** No

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

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI, FL 33156 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 FINGER, TEVY  
Address 665 BROADWAY  
SUITE 502  
City-State-Zip: NEW YORK NY 10012

Title MGR  
Name KANER, DANIEL  
Address 665 BROADWAY  
SUITE 502  
City-State-Zip: NEW YORK NY 10012

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TEVY FINGER

**MEMBER**

**07/18/2013**

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

\_\_\_\_\_  
Date