

**2015 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:** Yes

**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	Title	MGR
Name	FINGER, TEVYA	Name	KANER, DANIEL
Address	665 BROADWAY SUITE 502	Address	665 BROADWAY SUITE 502
City-State-Zip:	NEW YORK NY 10012	City-State-Zip:	NEW YORK NY 10012
Title	AUTHORIZED REPRESENTATIVE		
Name	GUNDELL, DAVID		
Address	4141 NE 2ND AVE., SUITE 205		
City-State-Zip:	MIAMI FL 33137		

*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:** DAVID GUNDELL

**AUTHORIZED  
REPRESENTATIVE**

**04/28/2015**

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

\_\_\_\_\_  
Date