

**2016 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:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
SUITE 508  
PLANTATION, FL 33324 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 MANAGER

Name FINGER, TEVYA

Address 665 BROADWAY SUITE 502

City-State-Zip: NEW YORK NY 10012

Title MANAGER

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

**SIGNATURE:** DANIEL KANER

MANAGER

04/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date