


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000009692</b> 1. Entity Name <b>HAIR EXCITEMENT, LLC</b>	
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Principal Place of Business <b>12923 WALSINGHAM RD LARGO, FL 33774 US</b>	Mailing Address <b>12923 WALSINGHAM RD LARGO, FL 33774 US</b>
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03282007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0682060</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**NEWMAN, SHARON  
12923 WALSINGHAM RD  
LARGO, FL 33774**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000706529  
04/24/07-80037-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NEWMAN, SHARON 12923 WALSINGHAM RD LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHERWOOD, CHERYL 12923 WALSINGHAM RD LARGO, FL 33774
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: Cheryl Sherwood Date: 4/11/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE