

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005747

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: GR'S LATINO BEAUTY SALON, LLC

**Current Principal Place of Business:**

945 SW 71 AVE.  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

945 SW 71 AVE.  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

FEI Number: 26-1770508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOMEZ, AMARDAY  
945 SW 71 AVE.  
NORTH LAUDERDALE, FL 33068 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROMAN, CARLOS  
Address: 326 SW 33 AVE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR ( ) Delete  
Name: GOMEZ, JAVIER  
Address: 326 SW 33 AVE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR ( ) Delete  
Name: GOMEZ, AMARDAY  
Address: 1250 NW 87 AVE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JAVIER GOMEZ

MGR

03/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date