

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090622

FILED  
Apr 08, 2011  
Secretary of State

**Entity Name:** PAM'S BLACK MAGIC HAIR SALON, LLC

**Current Principal Place of Business:**

4115 US 1  
VERO BEACH, FL 32967

**New Principal Place of Business:**

**Current Mailing Address:**

5514 SHANNON DRIVE  
FORT PIERCE, FL 34951

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

FARR, PAMELA  
5514 SHANNON DRIVE  
FORT PIERCE, FL 34951 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:** MAN  
**Name:** FARR, PAMELA R  
**Address:** 5514 SHANNON DRIVE  
**City-St-Zip:** FORT PIERCE, FL 34951

I hereby 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: PAMELA FARR

PRES

04/08/2011

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