2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# L08000107195

Entity Name: BURKE & CO. FAMILY HAIR CARE, LLC

Current Principal Place of Business:

SR 65 SOUTH
HOSFORD, FL 32334

New Principal Place of Business:

Current Mailing Address:

17996 NE ARNOLD KELLY RD
HOSFORD, FL 32334

New Mailing Address:

FEI Number: 26-3723168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURKE, EUGENIA
17996 NE ARNOLD KELLY RD
HOSFORD, FL 32334 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: MGRM ( ) Delete
Name: BURKE, EUGENIA
Address: 17996 NE ARNOLD KELLY RD
City-St-Zip: HOSFORD, FL 32334

ADDITIONS/CHANGES:

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: EUGENIA BURKE MGRM 05/08/2009

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