

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2008 8:00 am
Secretary of State

06-06-2008 90104 033 ***143.75

DOCUMENT # L07000089775			
1. Entity Name AFRICAN HAIR BRAIDING AND MORE LLC			
Principal Place of Business 11039 E COLONIAL DR D ORLANDO, FL 32817		Mailing Address PO BOX 780012 ORLANDO, FL 32878	
2. Principal Place of Business - No P.O. Box # 11039 E Colonial Dr		3. Mailing Address PO BOX 780012	
Suite, Apt. #, etc. Suite D		Suite, Apt. #, etc. 	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32817	Country United States	Zip 32878	Country United States
6. Name and Address of Current Registered Agent CAROL OGUNFOWOKAN 825 STARLIGHT COVE RD ORLANDO, FL 32828		7. Name and Address of New Registered Agent Name Sandra Ramos Street Address (P.O. Box Number is Not Acceptable) 7414 University Blvd Ste 108 Winter Park FL 32792	
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 6/02/08			
FILE NOW!!! FEE IS \$135.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAROL OGUNFOWOKAN 825 STARLIGHT COVE RD ORLANDO, FL 32828 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date 4072818000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30010691



05212008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1832183** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required