

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110966

**Entity Name:** NAKED HAIR SALON LLC.

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10 SE 1ST AVENUE, UNIT D  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

116 NE 6TH STREET  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 27-1171545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHUMAN, JANINE ROSE  
116 NE 6TH STREET  
DELRAY BEACH, FL 33444 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  
Name: SHUMAN, JANINE ROSE  
Address: 116 NE 6TH STREET  
City-St-Zip: DELRAY BEACH, FL 33444

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: JANINE R. SHUMAN

MGRM

01/08/2010

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