

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003054

FILED  
May 01, 2008  
Secretary of State

Entity Name: FIRST CHOICE BEAUTY SUPPLY, LLC

## Current Principal Place of Business:

4750 OAKS ROAD, BLDG O  
DAVIE, FL 33314

## New Principal Place of Business:

4750 OAKES ROAD, BLDG O  
DAVIE, FL 33314

## Current Mailing Address:

4750 OAKS ROAD, BLDG O  
DAVIE, FL 33314

## New Mailing Address:

4750 OAKES ROAD, BLDG O  
DAVIE, FL 33314

FEI Number: 65-0994069      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:

LEONE, JOHN C  
4750 OAKS RD, BLDG, O  
DAVIE, FL 33314    US

## Name and Address of New Registered Agent:

LEONE, JOHN C  
4750 OAKES RD, BLDG, O  
DAVIE, FL 33314    US

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: JOHN C. LEONE

05/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: LEONE, JOHN C  
Address: 4750 OAKS RD.BLDG.O  
City-St-Zip: DAVIE, FL 33314

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: LEONE, JOHN C  
Address: 4750 OAKES RD.BLDG.O  
City-St-Zip: DAVIE, FL 33314

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: JOHN C. LEONE

MR.

05/01/2008

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