2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000012286

1. Entity Name
HAIR BRAIN IDEA, LLC

Principal Place of Business	Mailing Address
4225 BEE RIDGE ROAD SARASOTA, FL 34233	4631 WATKINS AVE. SARASOTA, FL 34233

DO NOT WRITE IN THIS SPACE

03192004No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1045633

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCALLY, ROBERT G
4631 WATKINS AVENUE
SARASOTA, FL 34233

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MCCALLY, ROBERT G
STREET ADDRESS	4631 WATKINS AVE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	V
NAME	RICE, DAVID
STREET ADDRESS	4631 WATKINS AVE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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03/22/04-80041-024 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert G. McCally, Robt G McCally 3-19-04 941-377-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #