

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013854

FILED
Apr 14, 2009
Secretary of State

Entity Name: CAMELOT HAIR CARE PRODUCTS, LLC

Current Principal Place of Business:

4304 SOUTH US1
FT PIERCE, FL 34982

New Principal Place of Business:

3900 NE CHERI DR
JENSEN BEACH, FL 34957

Current Mailing Address:

PO BOX 400
JENSEN BEACH, FL 34958

New Mailing Address:

FEI Number: 65-1058465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKINSON, ANTHONY J
3900 NE CHERI DR.
JENSEN BEACH, FL 34957 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: PARKINSON, ANTHONY J
Address: 3900 NE CHERI DR.
City-St-Zip: JENSEN BEACH, FL 34957

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: ANTHONY PARKINSON

MGRM

04/14/2009

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