2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L01000010644

1. Entity Name

ROB'S SCISSOR HANDS SALON, LLC

FILED
Jan 14, 2008 08:00 AM
Secretary of State

Principal Place of Business

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91946 OVERSEAS HWY TAVERNIER, FL 33070

Mailing Address

91946 OVERSEAS HWY TAVERNIER, FL 33070



01082008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4. FEI Number 65-1130290	Applied For
60-1130280	 \$5.00 Additional

6. Name and Address of Current Registered Agent

RACKLEY, ROBERT 91946 OVERSEAS HWY TAVERNIER, FL 33070

SIGNATURE:

the obligations of registered agent.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		32115 3061-019 138.75	
9.	MANAGING MEMBERS/MANAGERS		, , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RACKLEY, ROBERT 91946 OVERSEAS HWY TAVERNIER, FL 33070			
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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 hat 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 of the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.				

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