

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT



**FILED**  
 FEB 16 AM 9:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # L02000003363</b>  |  |  |   |
| 1. Entity Name<br><b>THOMAS - HAGAN HAIR STUDIO, LLC</b>  |  |  |   |
| Principal Place of Business<br>1122 N MONROE ST.<br>TALLAHASSEE, FL 32303   |  | Mailing Address<br>2750 GULFWIND DRIVE S<br>TALLAHASSEE, FL 32303 US |   |
| 2. Principal Place of Business  |  | 3. Mailing Address<br><i>4578 Russell Pond Ln.</i>                   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |
| City & State  |  | City & State<br><i>Tall. FL</i>                                      |   |
| Zip   | Country  | Zip<br><i>32303</i>  | Country<br><i>Leon</i>  |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent                          |   |
| INGRAM, SPENCER A<br>118 SALEM CT.<br>TALLAHASSEE, FL 32301   |  | Name   |   |
|   |  | Street Address (P.O. Box Number is Not Acceptable)                   |   |
|   |  | City   | FL Zip Code   |
| B. 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |
| <b>Filing Fee is \$50.00 Due by May 1, 2004</b>   |  | <b>Make check payable to Florida Department of State</b>             |   |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>THOMAS, KIMBERLY<br>1122 N MONROE ST<br>TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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02162004 Chg-LLC CR2E083 (10/03)

4. FEI Number **01-0595795** Applied For  Not Applicable

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

**600029268346**  
 02/24/04--01006--023 \*\*50.00

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:** *[Signature]* 02-16-04 850-577-0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #