


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90016 039 ***138.75

DOCUMENT # L02000014723 1. Entity Name DEAN SMITH'S HAIR TECHNIQUES, LLC																					
Principal Place of Business 1743 RIDGE WOOD AVE DAYTONA BEACH, FL 32117			Mailing Address 26 SYCAMORE CIRCLE ORMOND BEACH, FL 32174																		
2. Principal Place of Business - No P.O. Box # 1743 RIDGEWOOD AVENUE		3. Mailing Address 1743 RIDGEWOOD AVENUE																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State HOLLY HILL FL		City & State HOLLY HILL FL		4. FEI Number 01-0708366																	
Zip 32117		Country		Applied For Not Applicable																	
Zip 32117		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																	
6. Name and Address of Current Registered Agent LOGUIDICE, JOE CPA 1515 RIDGEWOOD AVE., A HOLLY HILL, FL 32117				7. Name and Address of New Registered Agent Name DEAN C SMITH Street Address (P.O. Box Number is Not Acceptable) 1743 RIDGEWOOD AVENUE City HOLLY HILL FL Zip Code 32117																	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, DEAN C</td> </tr> <tr> <td>STREET ADDRESS</td> <td>26 SYCAMORE CIRCLE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH, FL 32174</td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">XX Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1743 RIDGEWOOD AVENUE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLY HILL FL 32117</td> </tr> </table> </div> </div>						TITLE	MGRM <input type="checkbox"/> Delete	NAME	SMITH, DEAN C	STREET ADDRESS	26 SYCAMORE CIRCLE	CITY-ST-ZIP	ORMOND BEACH, FL 32174	TITLE	XX Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	1743 RIDGEWOOD AVENUE	CITY-ST-ZIP	HOLLY HILL FL 32117
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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 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 		DEAN C SMITH		1/11/08																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																					