

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90048 006 ****55.00

DOCUMENT # L02000018497

1. Entity Name
HAIRCOLORXPRESS DEVELOPMENT PARTNERS OF TN, LLC



Principal Place of Business

Mailing Address

16507-D NORTHCROSS DRIVE
HUNTERSVILLE NC 28078

16507-D NORTHCROSS DRIVE
HUNTERSVILLE NC 28078

2. Principal Place of Business

3. Mailing Address

16740 Birkdale Commons Pkwy **16740 Birkdale Commons Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

Suite 210

City & State

City & State

Huntersville NC

Huntersville NC

Zip

Country

Zip

Country

28078

USA

28078

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

55-0789191

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOR, JOEL A
3164 ST. ANNES PLACE
BOCA RATON FL 33496

Name

Joel A Shor

Street Address (P.O. Box Number is Not Acceptable)

16130 Rio Del Paz

City

Delray Beach

FL

Zip Code

33446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☒ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

816-03 704-895-6027

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

Date Daytime Phone #

CR2E083 (4/03)