

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

08-13-2003 90048 015 ****55.00

DOCUMENT # *Lo2000024718*

1. Entity Name

haircolorxpress Development Partners of PA,
LLC



DO NOT WRITE IN THIS SPACE

90150036

2. Principal Place of Business

16740 Birkdale Commons Pkwy.

3. Mailing Address

16740 Birkdale Commons Parkway

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

Huntersville, NC

City & State

Huntersville, NC

4. FEI Number

05-0532388

Applied For

Not Applicable

Zip
28078

Country
USA

Zip
28078

Country
USA

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Joel A. Shor**

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

16130 Rio Del Paz

City **Delray Beach**

FL

Zip Code
33446

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*MBR
M J DATA
16740 Birkdale Commons Pkwy Suite 210
Huntersville, NC 28078*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*MBR
Marlin Hershey
16740 Birkdale Commons Pkwy 210
Huntersville, NC 28078*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*MBR
Brian Mahoray
1640 South Stapley Drive Suite 128
MESA, AZ 85204*

TITLE
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STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MANOT DATA 8-6-03 704-895-6027

CR2E083B (12/02)