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

DOCUMENT # L02000032204

1. Entity Name



FILED Feb 18, 2003 8:00 am Secretary of State 02-18-2003 90325 015 ****55.00

JEAN &	DEAN'S HAIR SALON	, LLC			02 10 2005 90.	525 015	33.00
	DO NOT WRITE		PACE		15 I		
2. Principal F	Place of Business ROUIDENGE BLYE	Suite, Apt. #, etc.	tme		DO NOT WRITE IN	I THIS SPA	CE
City & Stat	10 NA- 7L	City & State		4. FEI Numbe	0561727		Applied For Not Applicable
Zip 321	zs USA	Zip	Country		Certificate of Status Desired		
Name DEAN GREENSTREET							
IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)							
			City 7	DELTONA		FL	Zip Code 32.725
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 Signature, typed or printed name of registered agent and title if applicable. DATE							
4		Make Check Paya	FEE IS \$50.00 ble to Florida Dep DUE BY MAY 1	partment of State			
9. TITLE NAME	MANAGING MEMBER THENESDENT GENEVE GLEM 1961 SPRON BLV	GREEN STRE	TITLE NAME				
STREET ADDRESS CITY-ST-ZIP TITLE	1961 SAKON BLUP DELTONA 7L SEC. TREBS.	32725	STREET ADDRESS CITY: ST-ZIP				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME STREET ADDRESS CITY-ST-ZIP	DEAN GREENST	32725	NAME STREET AODRESS CITY-ST-ZIP				0
TITLE NAME STREET ADDRESS	QCC101417, 1 C	<u> </u>	TITLE NAME STREET ADDRESS				
-CITY-ST-ZIP					W_TOM_C	angsetanos respectana.	Migratio Philipping Control Control Control Control
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CHY: ST: ZIP		THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY ST/ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Company of the second	¥d. ≄s Ng	TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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

386-789-4720(H) 386-26-4720(H)

Date