## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 08, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Mar 08, 2005 08:00		
	MENT #162000032		Secretary of Stat			
1. Entity Name HAIR AUTHORITY, L.L.C.						·
	, , , , , , , , , , , , , , , , , , , ,					
Principal Plac	ce of Business	Mailing Address				
HAIR AUTHO		2557 PARK DRIVE				
SANFORD, F	L 32773	SANFORD, FL 32773				
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				03022005 No Chg-LLC	CR2E083 (1	0/03)
To Billing I	O NOT WRITE	IN INIS SPA	JE	4. FEI Number	I	Applied For
				02-0666002  5. Certificate of Status Desired	>r \$5.0	Not Applicable  O Additional
	6. Name and Address of Current F	Registered Agent		The control of the co	Fee R	equired
		TO MARCO PARTIE			10000000000000000000000000000000000000	
	BARBARA A HORITY, LLC.			DO NOT W	RITE	
2557 PAR SANFORD	K DRIVE D, FL 32773			IN THIS SP	ACE	
	*, · · · · · · · · · · · · · · · · · · ·					
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				when /einsteing)	DATE	
F	iling Fee is \$50.00				······································	
D	ue by May 1, 2005					
2	MANAGING MEMBER	rs/managers	anti Jest State W		noccoor ."	Companyation (file)
TITLE NAME	MGR HITTELL, BARBARA			108/08/05	0255887 -80035-00	4 55:00
STREET ADDRESS	2557 PARK DR					
CITY-ST-ZIP	SANFORD, FL 32773					
NAME					ាក់ប្រើកូរ៉េត្ត ម៉ូបត្ត ដៃស្នា ស៊ីកានក្រាំត្រូវជួនប្រកាសស៊ីនេះ ស៊ីកាសស៊ីនេយៈដែល។	
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STREET ADDRESS CITY-ST-ZIP						
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NAME STREET ADDRESS						

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 808, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: DAVAGE AND INCLUDE BARBARA A H. Hell 3 03-05 330-52022

BEGINATURE AND TYPED ON PRINTED MAKE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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