

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032990

Entity Name: HAIR AUTHORITY, L.L.C.

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

HAIR AUTHORITY, LLC.  
2557 PARK DR.  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

HAIR AUTHORITY, LLC.  
SANFORD, FL 32773

**New Mailing Address:**

HAIR AUTHORITY, LLC.  
2557 PARK DR.  
SANFORD, FL 32773

FEI Number: 02-0666002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HITTELL, BARBARA A  
HAIR AUTHORITY, LLC.  
2557 PARK DRIVE  
SANFORD, FL 32773 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HITTELL, BARBARA A  
Address: 2557 PARK DR  
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA A HITTELL

MGR

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date