

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000033333 1. Entity Name IVANA HAIR DESIGNS, LLC	
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Principal Place of Business 6267 BUCKINGHAM ST SARASOTA, FL 34238	Mailing Address 6267 BUCKINGHAM ST SARASOTA, FL 34238
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01122004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0917621	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

NAVAS, IVANA
6267 BUCKINGHAM ST
SARASOTA, FL 34238

**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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2004**

1100000162994
07/01/04-80002-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NAVAS, IVANA 6267 BUCKINGHAM ST SARASOTA, FL 34238
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IN THIS SPACE**

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 60B, Florida Statutes.

SIGNATURE: Ivana Navas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 1/12/2004 Daytime Phone # _____