

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90073 015 ****50.00

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DOCUMENT # L03000027815					
1. Entity Name HI-TECH HAIR LLC					
Principal Place of Business 3313 NE 33RD STREET FORT LAUDERDALE, FL 33308			Mailing Address 1564 SUNSET WAY WESTON, FL 33327		
2. Principal Place of Business 1564 SUNSET WAY		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WESTON, FL		City & State			
Zip 33327		Country USA		4. FEI Number 20-0128742	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BATES, JANICE E 3313 NE 33RD STREET FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name: JANICE E. BATES Street Address (P.O. Box Number is Not Acceptable): 1564 SUNSET WAY City: WESTON FL Zip Code: 33327		
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: <u><i>Janice Bates</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/29/06</u>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BATES, JANICE E 1564 SUNSET WAY WESTON, FL 33327		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Janice Bates</i></u>			DATE: <u>3/29/06</u> DAYTIME PHONE: <u>954/2955335</u>		