

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90063 033 ****50.00

DOCUMENT # L03000042042 1. Entity Name HAIR EXPRESSION OF CARROLLWOOD, LLC					
Principal Place of Business 4917 EHRlich RD., STE. 200 TAMPA, FL 33624			Mailing Address 4917 EHRlich RD., STE. 200 TAMPA, FL 33624		
2. Principal Place of Business Suite, Apt. #, etc. <i>Suite 103</i>		3. Mailing Address Suite, Apt. #, etc. <i>Suite 103</i>			
City & State City: <i>Tampa</i>		City & State City: <i>Tampa</i>			
Zip <i>33624</i>		Country <i>USA</i>		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HENRY, THERESA 4917 EHRlich RD., STE. 200 TAMPA, FL 33624			7. Name and Address of New Registered Agent Name <i>Henry Theresa</i> Street Address (P.O. Box Number is Not Acceptable) <i>4917 Ehrlich Rd Ste 103</i> City <i>Tampa</i> FL Zip Code <i>33624</i>		
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 <i>Theresa Henry</i> DATE <i>4/1/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
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	MGR HENRY, THERESA 4917 EHRlich RD SUITE 200 TAMPA, FL 33624		<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: <i>Theresa Henry</i> DATE <i>4/1/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					