


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90147 031 ****50.00

DOCUMENT # L04000009692		
1. Entity Name HAIR EXCITEMENT, LLC		

Principal Place of Business 12923 WALSINGHAM RD LARGO, FL 33774 US	Mailing Address 12923 WALSINGHAM RD LARGO, FL 33774 US
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DO NOT WRITE IN THIS SPACE

	
01302006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-0682060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

NEWMAN, SHARON
 12923 WALSINGHAM RD
 LARGO, FL 33774

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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 reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEWMAN, SHARON 12923 WALSINGHAM RD LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERWOOD, CHERYL 12923 WALSINGHAM RD LARGO, FL 33774
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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: Cheryl Sherwood 2-6-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #