


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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 |
|--|--|

DO NOT WRITE IN THIS SPACE



03282007No Chg-LLC CR2E083 (11/05)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 20-0682060 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**NEWMAN, SHARON
12923 WALSINGHAM RD
LARGO, FL 33774**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000706529
04/24/07-80037-018 50.00

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 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 4/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #