

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009812

FILED  
Jul 06, 2007  
Secretary of State

Entity Name: ACME HAIR " LLC"

**Current Principal Place of Business:**

10120 FOREST HILL BLVD  
SUITE 210  
WELLINGTON, FL 33436 US

**New Principal Place of Business:**

**Current Mailing Address:**

10120 FOREST HILL BLVD  
SUITE 210  
WELLINGTON, FL 33436 US

**New Mailing Address:**

FEI Number: 05-0595887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SHUMAN, ALAN R  
1110 SUMMIT PLACE CIR  
APT C  
WEST PALM BEACH, FL 33415 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: LIMBO, MARIA CRISTINA L  
Address: 1110 SUMMIT PLACE CIR APT C  
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: SHUMAN, ALAN R  
Address: 1110 SUMMIT PLACE CIR APT C  
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Delete  
Name: SHUMAN, WILLIAM S  
Address: 562 WEST END AVE  
City-St-Zip: NEW YORK, NY 10024 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN SHUMAN

MGRM

07/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date