

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017444

Entity Name: RICHE' HAIR STUDIO, LLC

FILED
Feb 16, 2005
Secretary of State

Current Principal Place of Business:

2851 ENTERPRISE RD.
B101
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

2851 ENTERPRISE RD
B101
DEBARY, FL 32713

New Mailing Address:

FEI Number: 20-0841447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHE, JAMES L
198 HEATHER LANE DR.
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR () Delete
Name: RICHE, JOYCE A
Address: 198 HEATHER LANE DR.
City-St-Zip: DELTONA, FL 32738

Title: MGRM () Delete
Name: BLANTON, BRENDA
Address: 2851 ENTERPRISE RD., # B101
City-St-Zip: DELTONA, FL 32738

Title: S/T () Delete
Name: RICHE, JAMES L
Address: 198 HEATHER LANE DR.
City-St-Zip: DELTONA,, FL 32738

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: RICHE, JAMES L
Address: 198 HEATHER LANE DR.
City-St-Zip: DELTONA,, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES L RICHE

MGRM

02/16/2005

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