


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90133 004 \*\*\*\*50.00

<b>DOCUMENT # L04000023734</b> 1. Entity Name <b>ALLAIRE'S HAIR &amp; NAIL DESIGNS, LLC</b>					
Principal Place of Business <b>PO BOX 1388 LAKE PLACID, FL 33862</b>			Mailing Address <b>PO BOX 1388 LAKE PLACID, FL 33862</b>		
2. Principal Place of Business <b>249 E. Interlake Blvd</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>Lake Placid FL.</b>		City & State  			
Zip <b>33862</b>	Country <b>Highland</b>	Zip  	Country  		
6. Name and Address of Current Registered Agent  <b>STUART C WARDLAW CPA PA 2929 E COMMERCIAL BOULEVARD 501 FORT LAUDERDALE, FL 33308</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="float: right;"> <b>FL</b>    Zip Code       </div>		
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 resigning)      DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		 		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLAIRE, KATHLEEN PO BOX 1388 LAKE PLACID, FL 33862	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLAIRE, THOMAS SR PO BOX 1388 LAKE PLACID, FL 33862	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <i>Kathleen O Allaire</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				2/7/05      823-441-4936 <small>Date      Daytime Phone #</small>	

30002474



01182005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-2515030**      Applied For  
Not Applicable

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