

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # L04000023734</b>	
1. Entity Name ALLAIRE'S HAIR & NAIL DESIGNS, LLC	
Principal Place of Business 249 E INTERLAKE BLVD LAKE PLACID, FL 33862	Mailing Address PO BOX 1388 LAKE PLACID, FL 33862
<b>DO NOT WRITE IN THIS SPACE</b>	
6. Name and Address of Current Registered Agent  STUART C WARDLAW CPA PA 2929 E COMMERCIAL BOULEVARD 501 FORT LAUDERDALE, FL 33308	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	
Filing Fee is \$50.00 Due by May 1, 2006	
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLAIRE, KATHLEEN PO BOX 1388 LAKE PLACID, FL 33862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLAIRE, THOMAS SR PO BOX 1388 LAKE PLACID, FL 33862
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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: <u>X Kathleen O. Allaire</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	
Date <u>X 1/14/06</u> Daytime Phone # <u>863-465-4646</u>	



01042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2515030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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IN THIS SPACE**

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01/25/06-80021-016 50.00

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