

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000023734

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



01162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2515030

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STUART C WARDLAW CPA PA
2929 E COMMERCIAL BOULEVARD
501
FORT LAUDERDALE, FL 33308

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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02/12/07-80027-003 55.00

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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:

Kathleen Allaire

X 1/31/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #