

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000023734

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** ALLAIRE'S HAIR & NAIL DESIGNS, LLC

**Current Principal Place of Business:**

249 E INTERLAKE BLVD  
LAKE PLACID, FL 33862

**New Principal Place of Business:**

**Current Mailing Address:**

110 SIRENA WAY  
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number:** 20-2515030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STUART C WARDLAW CPA PA  
2929 E COMMERCIAL BOULEVARD  
501  
FORT LAUDERDALE, FL 33308 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/MANAGERS:**

**Title:** MGR  
**Name:** ALLAIRE, KATHLEEN  
**Address:** 110 SIRENA WAY  
**City-St-Zip:** LAKE PLACID, FL 33852

**Title:** MGR  
**Name:** ALLAIRE, THOMAS SR  
**Address:** 110 SIRENA WAY  
**City-St-Zip:** LAKE PLACID, FL 33852

I hereby 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:** TOM ALLAIRE

MGR

02/17/2012

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