

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000057304

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** HAIRWAVES IN PARADISE, LLC

**Current Principal Place of Business:**

601 CAMELIA ST.  
PANAMA CITY BEACH, FL 32407

**New Principal Place of Business:**

**Current Mailing Address:**

601 CAMELIA ST.  
PANAMA CITY BEACH, FL 32407

**New Mailing Address:**

**FEI Number:** 02-0728621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERSINGER, CHRISTINA K  
545 N LAKESHORE DR  
PANAMA CITY BEACH, FL 32413 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: PERSINGER, CHRISTINA K  
Address: 545 N LAKESHORE DR  
City-St-Zip: PANAMA CITY BEACH, FL 32413

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: CHRISTINA PERSINGER

MS

02/16/2011

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