

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000065701

1. Entity Name
THE ARTIST GROUP HAIR DESIGNS, LLC



Principal Place of Business
**4701 HIGHWAY 17, SUITE 103
ORANGE PARK, FL 32003**

Mailing Address
**4701 HIGHWAY 17, SUITE 103
ORANGE PARK, FL 32003**



02062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1574923

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, WILLIAM L JR
1590 ISLAND LANE, SUITE 26
ORANGE PARK, FL 32003**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000829260
02/26/08-80028-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BURKE, REBECCA F
STREET ADDRESS	2418 SOUTHERN LINKS DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	MGRM
NAME	DUVAL, TERRI M
STREET ADDRESS	2336 SIDE WHEEL COURT
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

Louis M. Duff

2/12/08

904-215-0996