

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068182

Entity Name: JUST HAIRCUTS, LLC

FILED  
Jul 21, 2009  
Secretary of State

**Current Principal Place of Business:**

7389 SPRING HILL DR.  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

7389 SPRING HILL DR.  
SPRING HILL, FL 34606

**New Mailing Address:**

FEI Number: 20-1632796      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

TOOMBS, MARK D  
18252 US HWY 41  
SPRING HILL, FL 34610      US

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: MGRM      ( ) Delete  
Name: TOOMBS, MARK D  
Address: 18252 US HWY 41  
City-St-Zip: SPRING HILL, FL 34610

Title: MGRM      ( ) Delete  
Name: BRESCIA, SANDRA L  
Address: 3496 ORION ROAD  
City-St-Zip: SPRING HILL, FL 34606

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK TOOMBS

MGRM

07/21/2009

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