ZUUS LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000086447

1. Entity Name

CLASSY CUTS HAIR SALON, LLC



FILED Jan 23, 2006 08:00 AM Secretary of State

Principal Place of Business 5867-B LAKE WORTH RD GREENACRES, FL 33463

SIGNATURE:

Mailing Address

5867-B LAKE WORTH RD GREENACRES, FL 33463



DO NOT WRITE IN THIS SPACE

01112006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-2847421	Applied For Not Applicable	-	
39-2047421		(Not Applicable	ď
5. Certificate of Status Desired		\$5.00 Additional	

541-

8. Name and Address of Current Registered Agent

TIERNEY, CAROL J 1056 JASON WAY WEST PALM BEACH, FL 33406-5253

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered diffice 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 togistered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE	
Fi Di	ling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIERNEY, CAROL J 1056 JASON WAY WEST PALM BEACH, FL 334065253		U00000399632 02/01/06-80020-003 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAMC STREET ADDRESS GITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		
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.				