

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002771

FILED
May 04, 2007
Secretary of State

Entity Name: BOOMERANG HAIR & NAIL STUDIO LLC

Current Principal Place of Business:

118 N 14TH ST
LEESBURG, FL 34748

New Principal Place of Business:

714 W BURLEIGH BLVD
TAVARES, FL 32778

Current Mailing Address:

118 N 14TH ST
LEESBURG, FL 34748

New Mailing Address:

714 W BURLEIGH BLVD
TAVARES, FL 32778

FEI Number: 20-2138045 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:

EAGLE ACCOUNTING & TAXES LLC
1006 S BAY ST
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

GOODMAN, BOBBIE
714 W BURLEIGH BLVD
TAVARES, FL 32778 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: BOBBIE GOODMAN

05/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CROWE, DENISE
Address: 9926 BUNKER RD
City-St-Zip: LEESBURG, FL 34788

Title: MGRM () Delete
Name: GOODMAN, BOBBIE
Address: 27534 DEBBIE RD
City-St-Zip: OKAHUMPKA, FL 34762

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: BOBBIE GOODMAN

MGRM

05/04/2007

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