2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



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,	Jan 12, 2006 8:00 an Secretary of State
	01-12-2006 90039 011 ****50.00

DOCUMENT # L0500003866 1. Entity Name HIS & HERS BARBER STYLING, LLC				01-12-2006 90039 011 ****50.00					
Principal Place of Business 1535 S. PARSONS AVENUE SEFFNER, FL 33584		Mailing Address 1535 S. PARSONS AVENUE SEFFNER, FL 33584				2000	0540		
Principal Place of Business 3. Mailing Address									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072006	Chg-LLC	CR2E0	83 (11/05)	
City & State		City & State			4. FEI Number	20-	21650	26 No	piled For
Zip	Country Zip C		Coun	try	5. Certificate of	f Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R			
DDUMALE	TT 1/51/11/11			Name					İ
455 MAPL	TT, KEVIN H E POINT DRIVE , FL 33584			Street Address (P.O. Box Number	is Not Acceptable))		
				City			FL	Zip Code	9.
	named entity submits this statement for	or the purpose of changing its	egister	ed office or register	ed agent, or both	, in the State of Fic	rida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if annimatie (NOTE	Registere	d Agent signature required	- (when reinstation)	,	DATE		
Fi D	iling Fee/is \$50.00 ue by May 1, 2006						e check p		
Fi D	ue by May 1, 2006							ayable to ent of State	•
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9.	MANAGING MEMBE	ERS/MANAGERS	TITĻI	ļ.	• .	Florida	Departm		Addition
9.	MANAGING MEMBE		TITLI	ļ.		Florida	Departm	ent of State	
9. TITLE NAME	MANAGING MEMBE MGRM BRUMMETT, KEVIN H		TITLI NAM STRE	E j	- <u>-</u>	Florida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM BRUMMETT, KEVIN H 455 MAPLE POINT DRIVE		TITLI NAM STRE	E Eet address - St-Zip		Florida	Departm	ent of State	
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Indicated only that the information supplied with this lifting does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 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.

1-7-06 Date