

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027430

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: OLYMPIC HAIR DESIGNER, LLC

## Current Principal Place of Business:

227 W. NEW ENGLAND AVENUE  
WINTER PARK, FL 32789

## New Principal Place of Business:

227 W. NEW ENGLAND AVENUE  
SUITE B  
WINTER PARK, FL 32789

## Current Mailing Address:

227 W. NEW ENGLAND AVENUE  
WINTER PARK, FL 32789

## New Mailing Address:

227 W. NEW ENGLAND AVENUE  
SUITE B  
WINTER PARK, FL 32789

FEI Number: 59-3145965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALKER, FREDDIE  
3599 CONROY RD  
APT 935  
ORLANDO, FL 32839 US

## Name and Address of New Registered Agent:

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: MGR ( ) Delete  
Name: WALKER, MEGHE  
Address: 3599 CONROY RD  
City-St-Zip: ORLANDO, FL 32839

Title: MGR ( ) Delete  
Name: WALKER, FREDDIE  
Address: 3599 CONROY RD  
City-St-Zip: ORLANDO, FL 32839

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WALKER, MECHE  
Address: 3599 CONROY RD  
City-St-Zip: ORLANDO, FL 32839

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: FREDDIE WALKER

MGR

04/16/2008

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