

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90032 039 ***138.75

DOCUMENT # L05000036624			
1. Entity Name IVAN HAIR STUDIO & SPA, LLC		Principal Place of Business 481 BECHRICH ROAD PANAMA CITY BEACH, FL 32407	
Mailing Address 481 BECHRICH ROAD PANAMA CITY BEACH, FL 32407		2. Principal Place of Business - No P.O. Box # 3129 Thomas Dr Suite, Apt. #, etc.	
3. Mailing Address 3129 Thomas Dr Suite, Apt. #, etc.		4. FEI Number 20-2218253	
City & State Panama City Beach, FL		Applied For <input type="checkbox"/> Not Applicable	
City & State Panama City Beach, FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ESQUIVEL, IVAN 481 BECHRICH ROAD PANAMA CITY BEACH, FL 32407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESQUIVEL, IVAN 481 BECHRICH ROAD PANAMA CITY BEACH, FL 32407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Esquivel, Ivan 3129 Thomas Dr Panama City Beach, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESQUIVEL, ROSIO 481 BECHRICH ROAD PANAMA CITY BEACH, FL 32407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Esquivel Rocio 3129 Thomas Dr Panama City Beach, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: _____		4/29/2008 (850) 230-1414	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	