

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/ **FILED**
Aug 03, 2006 8:00 am
Secretary of State

07-11-2006 90119 037 ****50.00

DOCUMENT # L05000043231 1. Entity Name MIRACLE HAIR & DAY SPA LLC					
Principal Place of Business 4495 NORTH UNIVERSITY DRIVE LAUDERHILL, FL 33319			Mailing Address 7465 NORTH WEST 48 COURT LAUDERHILL, FL 33319		
2. Principal Place of Business Suite, Apt. #, etc.:		3. Mailing Address Suite, Apt. #, etc.:		08302008 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number 20-2429337	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCLAREN, MARCIA 7465 NW 48 COURT LAUDERHILL, FL 33319				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 registering) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLAREN, MARCIA 7465 48 COURT LAUDERHILL, FL 33319 <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: Marcia McLaren Marcia McLaren 08-7-06 954 7492121					

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