2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # L05000056427

1. Entity Name
CHEVEUX HAIR DESIGN, LLC

Principal Place of Business	Mailing Address
2522 CAPITAL CIR. N.E. SUITE 16 TALLAHASSEE, FL 32308	2522 CAPITAL CIR. N.E. SUITE 16 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
90-0282260
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JESTER, FRANCES
370 LOST CREEK LANE
CRAWFORDVILLE, FL 32326

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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 Frances Jester
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RUSSELL, LAURIE
STREET ADDRESS	4575 AMBER VALLEY DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM
NAME	JESTER, FRANCES
STREET ADDRESS	370 LOST CREEK LANE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326
TITLE	MGRM
NAME	DAVIS, JULIE
STREET ADDRESS	5114 RED FOX RUN
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000778963
01/11/08-80019-014 138.75

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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: Frances Jester 1-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #