

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056427

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: CHEVEUX HAIR DESIGN, LLC

## Current Principal Place of Business:

2522 CAPITAL CIR. N.E. SUITE 16  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

2522 CAPITAL CIR. N.E.  
SUITE 16  
TALLAHASSEE, FL 32308

## Current Mailing Address:

2522 CAPITAL CIR. N.E. SUITE 16  
TALLAHASSEE, FL 32308

## New Mailing Address:

2522 CAPITAL CIR. N.E.  
SUITE 16  
TALLAHASSEE, FL 32308

FEI Number: 90-0282260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JESTER, FRANCES  
370 LOST CREEK LANE  
CRAWFORDVILLE, FL 32326 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: MGRM ( ) Delete  
Name: RUSSELL, LAURIE  
Address: 4575 AMBER VALLEY DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: JESTER, FRANCES  
Address: 370 LOST CREEK LANE  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: MGRM ( ) Delete  
Name: DAVIS, JULIE  
Address: 5114 RED FOX RUN  
City-St-Zip: TALLAHASSEE, FL 32303

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: DAVIS, JULIE  
Address: 5114 RED FOX RUN  
City-St-Zip: TALLAHASSEE, FL 32303

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: FRANCES JESTER

MGRM

01/12/2009

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