

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056427

FILED  
Feb 20, 2011  
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:**

**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  
Name: RUSSELL, LAURIE  
Address: 4575 AMBER VALLEY DR.  
City-St-Zip: TALLAHASSEE, FL 32312

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

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

I hereby 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

02/20/2011

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