

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000056427

**Entity Name:** CHEVEUX HAIR DESIGN, LLC

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**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:**

**New Mailing Address:**

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:**

JESTER, FRANCES  
370 LOST CREEK LANE  
CRAWFORDVILLE, FL 32327 US

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: FRANCES JESTER

01/08/2012

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 32327

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

01/08/2012

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