

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065953

FILED  
Feb 04, 2007  
Secretary of State

Entity Name: PINE ISLAND FAMILY HAIR SALON LLC

**Current Principal Place of Business:**

9848 STRINGFELLOW RD.  
ST. JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

9848 STRINGFELLOW RD.  
ST. JAMES CITY, FL 33956

**New Mailing Address:**

FEI Number: 20-3094168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEARSE, ANN  
5120 STRINGFELLOW RD.  
ST. JAMES CITY, FL 33956 US

**Name and Address of New Registered Agent:**

PEARSE, ANN  
17100 TAMIAMI TRAIL #277.  
PUNTA GORDA, FL 33955 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: ANN E PEARSE

02/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PEARSE, ANN  
Address: 5120 STRINGFELLOW RD.  
City-St-Zip: ST. JAMES CITY, FL 33956

Title: MGRM ( ) Delete  
Name: KOTAR, WENDY  
Address: 15550 BURNT STORE RD., #240  
City-St-Zip: PUNTA GORDA, FL 33955

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PEARSE, ANN  
Address: 17100 TAMIAMI TRAIL #277  
City-St-Zip: PUNTA GORDA, FL 33955

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANN E PEARSE

MGRM

02/04/2007

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