

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082640

Entity Name: SHARP AND SALLY, LLC

FILED
Aug 14, 2007
Secretary of State

Current Principal Place of Business:

317 EAST CHURCH STREET
JACKSONVILLE, FL 32207

New Principal Place of Business:

2221 POST STREE
JACKSONVILLE, FL 32204

Current Mailing Address:

317 EAST CHURCH STREET
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-3442461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BALL, HAYWOOD M
50 NORTH LAURA STREET, SUITE 2925
JACKSONVILLE, FL 32202 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: SHARP, SARAH B
Address: 461 THIRD STREET #4R
City-St-Zip: BROOKLYN, NY 11215

Title: MGRM () Delete
Name: SHARP, MICHAEL C
Address: 461 THIRD STREET #4R
City-St-Zip: BROOKLYN, NY 11215

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHARP, SARAH B
Address: 1098 ROSEDALE ROAD NE
City-St-Zip: ATLANTA, GA 30306

Title: MGRM (X) Change () Addition
Name: SHARP, MICHAEL C
Address: 1098 ROSEDALE ROAD NE
City-St-Zip: ATLANTA, GA 30306

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: SARAH SHARP

MEMB

08/14/2007

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