

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087562

**FILED**  
**Jan 20, 2007**  
**Secretary of State**

**Entity Name:** CREATIVE CUTS HAIR STUDIO LLC

**Current Principal Place of Business:**

2494 SE 58TH AVE  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 702  
ANTHONY, FL 32617 US

**New Mailing Address:**

**FEI Number:** 16-1731732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIROT, TAMMY  
3880 NE 86TH LANE  
ANTHONY, FL 32617 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: MGR ( ) Delete  
Name: LIROT, TAMMY  
Address: 3880 NE 86TH LANE  
City-St-Zip: ANTHONY, FL 32617

**ADDITIONS/CHANGES:**

Title: OWNE (X) Change ( ) Addition  
Name: LIROT, TAMMY  
Address: 3880 NE 86TH LANE  
City-St-Zip: ANTHONY, FL 32617

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: TAMMY LIROT

OWNE

01/20/2007

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