
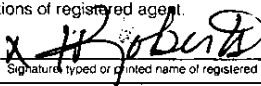



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90028 024 ****50.00

DOCUMENT # L05000099938 1. Entity Name XTRAORDINARY HAIR UNISEX SALON, LLC					
Principal Place of Business 1251 NW 31 AVENUE FORT LAUDERDALE, FL 33311			Mailing Address 1251 NW 31 AVENUE FORT LAUDERDALE, FL 33311		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3612608	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SNEED-WILSON, YASHICA A 2601 NW 22 STREET FORT LAUDERDALE, FL 33311				7. Name and Address of New Registered Agent Name KADESHA ROBERTS Street Address (P.O. Box Number is Not Acceptable) 118 SAN REMO BLVD City NORTH LAUDERDALE FL Zip Code 33068	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SNEED-WILSON, YASHICA A 2601 NW 22 STREET FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M KADESHA ROBERTS 118 SAN REMO BLVD NORTH LAUDERDALE, FL 33068
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 				9/11/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	