

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103068

Entity Name: FAMILY HAIRCUTS, LLC

FILED  
Apr 24, 2006  
Secretary of State

**Current Principal Place of Business:**

9810 ALT A1A, SUITE 116  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

9810 ALT A1A, SUITE 116  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 51-0556475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MELLONE-KINDT, KATHLEEN  
9810 ALT A1A, SUITE 116  
PALM BEACH GARDENS, FL 33410 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: MELLONE-KINDT, KATHLEEN  
Address: 9810 ALT A1A SUITE 116  
City-St-Zip: PALM BEACH GARDENS, LF 33410

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MELLONE-KINDT, KATHLEEN  
Address: 9810 ALT A1A SUITE 116  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: KATHLEEN MELLONE-KINDT

MGRM

04/24/2006

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