

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103068

Entity Name: FAMILY HAIRCUTS, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

612 LAUREL COURT
NORTH PALM BEACH, FL 33408

Current Mailing Address:

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

New Mailing Address:

612 LAUREL COURT
NORTH PALM BEACH, FL 33408

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:

MELLONE-KINDT, KATHLEEN
612 LAUREL COURT
NORTH PALM BEACH, FL 33408 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:

04/07/2009

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, FL 33410

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MELLONE-KINDT, KATHLEEN
Address: 612 LAUREL COURT
City-St-Zip: NORTH PALM BEACH, FL 33408

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: KATHLEEN MELLONE-KINDT

MGRM

04/07/2009

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