

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013101

FILED
Mar 31, 2008
Secretary of State

Entity Name: SPOILED GALS HAIR AND MAKEUP LLC

Current Principal Place of Business:

1953 CHESAPEAKE RIDGE
FT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

1953 CHESAPEAKE RIDGE
FT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 20-4251430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPETILLO, ANNETTE
1953 CHESAPEAKE RIDGE
FT WALTON BEACH, FL 32547 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: CAPETILLO, ANNETTE S
Address: 1953 CHESAPEAKE RIDGE
City-St-Zip: FT WALTON BEACH, FL 32547

Title: MGR () Delete
Name: HARDY, JAMIE N
Address: 1855 STELLA KANE APT 621
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANNETTE S. CAPETILLO

MGR

03/31/2008

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