

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000023162

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** COLOURFUL COIFFURES, LLC

**Current Principal Place of Business:**

320 BLOUNT, SUITE 105  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6808  
TALLAHASSEE, FL 32314

**New Mailing Address:**

**FEI Number:** 83-0450271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODFAULK, JUNE  
5920 ORCHID SEED LN  
TALLAHASSEE, FL 32305 US

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

LOGAN, JUNE  
5920 ORCHID SEED LN  
TALLAHASSEE, FL 32305 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: JUNE LOGAN

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LOGAN, JUNE  
Address: P.O. BOX 6808  
City-St-Zip: TALLAHASSEE, FL 32314

I hereby 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: JUNE LOGAN

PRE

04/29/2011

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