2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2008
Secretary of State

DOCUMENT# L06000039239

Entity Name: MASON FAMILY HAIR, LLC

Current Principal Place of Business:

9637 PORTO FINO DR.
ORLANDO, FL 32832 US

New Principal Place of Business:

Current Mailing Address:

9637 PORTO FINO DR.
ORLANDO, FL 32832 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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:	MASON, JEFFREY A	
Address:	9637 PORTO FINO DR.	
City-St-Zip:	ORLANDO, FL 32832 US	
Title:	MGRM	( ) Delete
Name:	MASON, ALBERT J	
Address:	9637 PORTO FINO DR.	
City-St-Zip:	ORLANDO, FL 32832 US	
Title:	MGRM	( ) Delete
Name:	MASON, DIANA L	
Address:	9637 PORTO FINO DR.	
City-St-Zip:	ORLANDO, FL 32832 US	
Title:	MGRM	( ) Delete
Name:	MASON, MARCIA A	
Address:	9637 PORTO FINO DR.	
City-St-Zip:	ORLANDO, FL 32832 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARCIA MASON MGR 07/03/2008

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