

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049221

FILED
Jan 29, 2008
Secretary of State

Entity Name: HAIR COLOR BY LINDA LIMITED LIABILITY COMPANY

Current Principal Place of Business:

14534 7TH ST.
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

17605 PALOMINO LAKE DRIVE
DADE CITY, FL 335231924 US

New Mailing Address:

FEI Number: 42-1744365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREIBELBIS, BRYAN LEE
17605 PALOMINO LAKE DRIVE
DADE CITY, FL 335231924 US

Name and Address of New Registered Agent:

HAIR COLOR BY LINDA LLC
14534 7TH STREET
DADE CITY, FL 33525 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: LINDA ANN DREBELBIS

01/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DREIBELBIS, LINDA ANN
Address: 32765 PENNSYLVANIA AVE
City-St-Zip: SAN ANTONIO, FL 33576 US

Title: MGR (X) Delete
Name: DREIBELBIS, BRYAN L MGR
Address: 17605 PALAMINO LAKE DRIVE
City-St-Zip: DADE CITY, FL 33523 US

ADDITIONS/CHANGES:

Title: OWNE (X) Change () Addition
Name: DREIBELBIS, LINDA A OWNER
Address: 14534 7TH STREET
City-St-Zip: DADE CITY, FL 33525 US

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: LINDA ANN DREIBELBIS

OWNE

01/29/2008

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