

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000049221

**FILED**  
**May 03, 2010**  
**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:**

14534 7TH ST.  
DADE CITY, FL 33525 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:**

HAIR COLOR BY LINDA LLC  
14534 7TH STREET  
DADE CITY, FL 33525 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:** OWNE  
**Name:** DREIBELBIS, LINDA A OWNER  
**Address:** 14534 7TH STREET  
**City-St-Zip:** DADE CITY, FL 33525 US

**Title:** VP  
**Name:** DREIBELBIS, BRYAN L VP  
**Address:** 17605 PALAMINO LAKE DRIVE  
**City-St-Zip:** DADE CITY, FL 33523 US

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:** LINDA ANN DREIBELBIS

OWNE

05/03/2010

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