

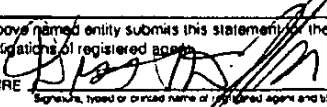
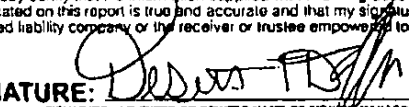
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30002908

DOCUMENT # L06000056468			
1. Entity Name A WILD HAIR, L.L.C.			
Principal Place of Business 2884 JEFFERSON STREET MARIANA, FL 32446		Mailing Address 2884 JEFFERSON STREET MARIANA, FL 32446	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc. MARIANNA, FL		State, Apt. #, etc.	
City & State		City & State	
Zip 32446		Country	
4. FEI Number 20-4988870		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01172008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent DESIREE DAFFIN 2884 JEFFERSON STREET MARIANA, FL 32446		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 2008	
SIGNATURE, typed or printed name of registered agent and title if applicable		(NO: If Registered Agent signature required when remaining)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P DAFFIN, DESIREE 2884 JEFFERSON ST MARIANNA, FL 32446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP DAFFIN, LEE M 2884 JEFFERSON ST MARIANNA, FL 32446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  president		11/17/08 850-402	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	