

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064426

FILED  
Aug 19, 2008  
Secretary of State

Entity Name: FINAL KUTS HOME OF LOLLIPOPS LLC

**Current Principal Place of Business:**

23064 HARBOR VIEW ROAD  
STE. A  
PORT CHARLOTTE, FL 33980 US

**New Principal Place of Business:**

**Current Mailing Address:**

23064 HARBOR VIEW ROAD  
STE. A  
PORT CHARLOTTE, FL 33980 US

**New Mailing Address:**

FEI Number: 42-1707880      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MORRIS, KELLI A  
3031 DANDO ST  
PORT CHARLOTTE, FL 33948 US

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

MORRIS, KELLI A  
1550 VISCAYA ST  
PORT CHARLOTTE, FL 33952 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: KELLI MORRIS

08/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LANIGAN, KELLI  
Address: 3031 DANDO STREET  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: MGRM ( ) Delete  
Name: JONES, SHEILA  
Address: 175 COLONY POINT DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MORRIS, KELLI  
Address: 1550 VISCAYA ST  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM (X) Change ( ) Addition  
Name: JONES, SHEILA  
Address: 25088 PALISADE RD  
City-St-Zip: PUNTA GORDA, FL 33983 US

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: KELLI MORRIS

MGRM

08/19/2008

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