

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000066862

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** ALL POINTS HAIR CARE, LLC

**Current Principal Place of Business:**

417 S SANFORD AVE.  
SANFORD, FL 32771 US

**New Principal Place of Business:**

113 E. FIRST ST.  
SANFORD, FL 32771 US

**Current Mailing Address:**

417 S SANFORD AVE.  
SANFORD, FL 32771 US

**New Mailing Address:**

P.O. BOX 2332  
SANFORD, FL 32772 US

**FEI Number:** 56-2599536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANKEL, AIMEE C  
1812 CHASE AVE.  
SANFORD, FL 32771 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  
Name: HANKEL, AIMEE C  
Address: 1812 CHASE AVE.  
City-St-Zip: SANFORD, FL 32771 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: AIMEE C. HANKEL

MGRM

01/10/2010

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