

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070859

Entity Name: HAIR BY AHSILE, LLC

FILED  
Apr 28, 2007  
Secretary of State

**Current Principal Place of Business:**

844 49TH STREET NORTH  
SAINT PETERSBURG, FL 33710 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13194  
SAINT PETERSBURG, FL 33733 US

**New Mailing Address:**

FEI Number: 61-1504730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, LYNDA K  
2184 66TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33712 US

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

JONES, ANTHONY J  
2184 66TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33712 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: ANTHONY J JONES

04/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JONES LYNDA K,  
Address: 2184 66TH AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712 US

Title: MGRM ( ) Delete  
Name: JONES, ANTHONY J  
Address: 2184 66HT AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANTHONY J JONES

MGRM

04/28/2007

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