2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084672

Entity Name: BRAVA HAIR STUDIO & DAY SPA, LLC

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1949 CANDLEWOOD DR. 306 PERRY AVE

NAVARRE, FL 32566 US FORT WALTON BEACH, FL 32548 US

Current Mailing Address: New Mailing Address:

1949 CANDLEWOOD DR. 306 PERRY AVE

NAVARRE, FL 32566 US FORT WALTON BEACH, FL 32548 US

FEI Number: 20-5464657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STURT, LISA

1949 CANDLEWOOD DR.

NAVARRE, FL 32566 US

HAWKINS, LISA

1949 CANDLEWOOD DR.

NAVARRE, FL 32566 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: LISA HAWKINS 04/21/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 STURT, LISA
 Name:
 HAWKINS, LISA

 Address:
 1949 CANDLEWOOD DR.
 Address:
 1949 CANDLEWOOD DR.

 City-St-Zip:
 NAVARRE, FL 32566 US
 City-St-Zip:
 NAVARRE, FL 32566 US

Title: MGR () Delete Title: () Change () Addition

 Name:
 STURT, PARIS M MGR
 Name:

 Address:
 1949 CANDLEWOOD DR
 Address:

 City-St-Zip:
 NAVARRE, FL 32566 US
 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: LISA HAWKINS OWNE 04/21/2009