2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L06000089125

ADVANCED HAIR DESIGN, LLC



FILED Apr 17, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3535 SE MARICAMP ROAD STE. 1008

3535 SE MARICAMP ROAD STE. 1008 OCALA, FL 34471 US

OCALA, FL 34471 US



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC CR2E083 (12/07)

4. FE! Number 20-5524627

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUINN, ROSA L 3535 SE MARICAMP ROAD STE. 1008

DO NOT WRITE IN THIS SPACE

OCALA, FI	L 34471	1	0 0.7.02
	named entity submits this statement for the purpose of char lions of registered agent.	nging its registered office or registered agent, or both, in the	State of Plorida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		Unnonconnone.
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBERS/MANAGERS MGRM GUINN, ROSA L 3535 SE MARICAMP ROAD, STE. 1008 OCALA, FL 34471 MGRM GUINN, JEFFERSON D 3535 SE MARICAMP ROAD, STE. 1008 OCALA, FL 34471	04/	U00000902363 '30/03-80003-024 138.75
NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP			OT WRITE S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE