


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90161 017 \*\*\*\*50.00

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<b>DOCUMENT # L06000094394</b>	
1. Entity Name <b>HAIR GARAGE, LLC</b>	

**DO NOT WRITE IN THIS SPACE**

30006978

2. Principal Place of Business <b>3400 US 1 NORTH</b>	3. Mailing Address <b>3400 US 1 NORTH</b>
Suite, Apt. #, etc. <b>STE 15</b>	Suite, Apt. #, etc. <b>STE 15</b>
City & State <b>BUNNELL</b>	City & State <b>BUNNELL</b>
Zip <b>FL</b>	Country <b>32110</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>87-0781496</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name <b>KIMBERLY A. BEAUMONT</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>38 RYDER DR</b>	
City <b>PALM COAST</b>	FL Zip Code <b>32164</b>

**DO NOT WRITE  
IN THIS SPACE**

8. The undersigned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the duties of the registered agent.

SIGNATURE *Kimberly A. Beaumont* DATE \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGMR, KIMBERLY A. BEAUMONT</b> <b>38 RYDER DRIVE</b> <b>PALM COAST, FL 32164</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGMR, WILLIAM R. BEAUMONT</b> <b>38 RYDER DRIVE</b> <b>PALM COAST, FL 32164</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2003B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE *Kimberly A. Beaumont* 3/13/07 386-586-0014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #