

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094902

FILED
Apr 30, 2007
Secretary of State

Entity Name: Y'ALEXANDRAS PROFESSIONAL HAIR SALON & SPA, LLC

Current Principal Place of Business:

305 LAKEVIEW DRIVE
101
WESTON, FL 33326

New Principal Place of Business:

16672 SADDLE CLUB RD
WESTON, FL 33326

Current Mailing Address:

305 LAKEVIEW DRIVE
101
WESTON, FL 33326

New Mailing Address:

305 LAKEVIEW DR
101
WESTON, FL 33326

FEI Number: 20-5657368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIANA, YOLANDA
305 LAKEVIEW DRIVE
101
WESTON, FL 33326 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 () Delete
Name: TRIANA, YOLANDA
Address: 305 LAKEVIEW DRIVE # 101
City-St-Zip: WESTON, FL 33326

Title: T () Delete
Name: ANDRADE, DUSTIN
Address: 322 CONSERVATION DR
City-St-Zip: WESTON, FL 33327

Title: S () Delete
Name: SANHUEZA, RODOLFO
Address: 305 LAKEVIEW DR #101
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

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

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: YOLANDA TRIANA

MGRM

04/30/2007

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