

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105115

FILED
Apr 26, 2007
Secretary of State

Entity Name: WHERESMYHAIRSTYLIST.NET LLC

Current Principal Place of Business:

2031 SW 60TH AVE.
PLANATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

2031 SW 60TH AVE.
PLANATION, FL 33317

New Mailing Address:

FEI Number: 20-5821617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOWLING, ELIZABETH
2031 SW 60TH AVE.
PLANTATION, FL 33317 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: CEDANO, ANNIE
Address: 718 SUNFLOWER CIR.
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: DOWLING, ELIZABETH
Address: 2031 SW 60TH AVE.
City-St-Zip: PLANATION, FL 33317

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CEDENO, ANNIE
Address: 718 SUNFLOWER CIR.
City-St-Zip: WESTON, FL 33327

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: ELIZABETH DOWLING

MGRM

04/26/2007

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