

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000111318

1. Entity Name  
HAIR XPRESS OF JENSEN BEACH LLC



Principal Place of Business  
1812 N.E. JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957 US

Mailing Address  
1202 SW SAN ESTEBAN AVE  
PT ST LUCIE, FL 34953 US

**FILED**  
**Mar 14, 2008 08:00 A**  
**Secretary of State**



02102008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5899093

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REY, MANUEL  
1202 SW SAN ESTEBAN AVE  
PT ST LUCIE, FL 34953

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
REY, MANUEL  
1202 SW SAN ESTEBAN AVE  
PT ST LUCIE, FL 34953

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
REY, MARIA  
1202 SW SAN ESTEBAN AVE  
PT ST LUCIE, FL 34953

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000858810  
04/01/08-80059-019 138.75

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: \_\_\_\_\_

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

3-11-08

Date

772 232 2266

Daytime Phone #