FILED
Jul 01, 2008 8:00 am
Secretary of State
05-23-2008 90159 027 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000116207

1. Entity Name
MATAS HAIR PRODUCTS, LLC

05162008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
8267 S.W. 108TH STREET OCALA FL 34481	8267 S.W. 108TH STREET OCALA FL 34481
2. Principal Place of Business - No P.O. Box # 8267 S.W. 108th St. Suite, Apt. #, etc.	3. Mailing Address 8267 S.W. 108th Street Suite, Apt. #, etc.
City & State Ocala. Florida	City & State Ocala, Florida
Zip 34481 Country Marion	Zip 34481 Country Marion

4. FEI Number 84-1722492 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, BEVERLEY J
8267 S.W. 108TH STREET
OCALA, FL 34481

7. Name and Address of New Registered Agent

Name: Beverley J. Taylor
Street Address (P.O. Box Number is Not Acceptable): 8267 S.W. 108th Street
City: Ocala FL Zip Code: 34481

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 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Beverley Taylor 8267 S.W. 108th St Ocala Fl. 34481	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES ☐ Change ☐ Addition

To whom it May Concern

I hope I fill this out correctly. Please contact me at 352-620-2821

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.

SIGNATURE: Beverley Taylor. 5-22-08 352-620-2821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #