

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000002239

FILED
Apr 09, 2008
Secretary of State

Entity Name: WOW HAIR EXPERIENCE, LLC

Current Principal Place of Business:

5402 WEST LAUREL STREET, SUITE 210
TAMPA, FL 33607

New Principal Place of Business:

5402 WEST LAUREL STREET
SUITE 210
TAMPA, FL 33607 US

Current Mailing Address:

5402 WEST LAUREL STREET, SUITE 210
TAMPA, FL 33607

New Mailing Address:

5402 WEST LAUREL STREET
SUITE 210
TAMPA, FL 33607 US

FEI Number: 20-8349685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: CHANDLER, E. KEITH
Address: 5402 WEST LAUREL STREET, STE 210
City-St-Zip: TAMPA, FL 33607 US

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: E. KEITH CHANDLER

MGR

04/09/2008

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