

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000005106

Entity Name: BOX OFFICE HAIR L.L.C.

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5402 WEST LAUREL STREET, SUITE 210  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

5402 WEST LAUREL STREET, SUITE 210  
TAMPA, FL 33607 US

**New Mailing Address:**

FEI Number: 20-8235120

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: MGR  
Name: CHANDLER, REGINALD K  
Address: 5402 WEST LAUREL STREET, SUITE 210  
City-St-Zip: TAMPA, FL 33607 US

Title: MGR  
Name: SPEARS, LESLIE G  
Address: 5402 WEST LAUREL STREET, SUITE 210  
City-St-Zip: TAMPA, FL 33607 US

I hereby 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: LESLIE G. SPEARS

MGR

04/29/2010

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