

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005122

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** THE HAIR & NAIL COTTAGE, LLC

**Current Principal Place of Business:**

4461 ST. JOHNS AVENUE  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

4461 ST. JOHNS AVENUE  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

**FEI Number:** 20-8239805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LANIER-NILES, PATRICIA  
6628 HYDE GROVE AVENUE  
JACKSONVILLE, FL 32210 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 ( ) Delete  
Name: BRANNAN, ANGELIQUE V  
Address: 1024 PEBBLE RIDGE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: MGR ( ) Delete  
Name: PICKETT, ROBIN L  
Address: 5359 PICKETTville ROAD  
City-St-Zip: JACKSONVILLE, FL 32254 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** ROBIN PICKETT

MGR

02/10/2009

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