

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-04-2008 90133 011 ***138.75

DOCUMENT # L07000008425	
1. Entity Name HILITES HAIR STUDIO LLC	

Principal Place of Business 2618 ARBOR LANE ROYAL PALM BEACH, FL 33411	Mailing Address 2618 ARBOR LANE ROYAL PALM BEACH, FL 33411
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2. Principal Place of Business - No P.O. Box # 119 71 Southern Blvd	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Royal Palm Beach FL	City & State
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Zip 33411	Country Palm Beach	Zip	Country
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30001678



01132008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8355915	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FREYTES, SUSAN 2618 ARBOR LANE ROYAL PALM BEACH, FL 33411	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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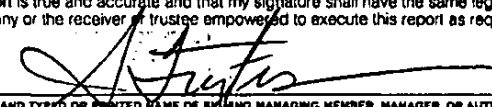
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-appointing) _____ DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREYTES, SUSAN 2618 ARBOR LANE ROYAL PALM BEACH, FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREYTES, ROBERTO S 2618 ARBOR LANE ROYAL PALM BEACH, FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **February 1, 2008** **SB1**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone: **309-4992**