
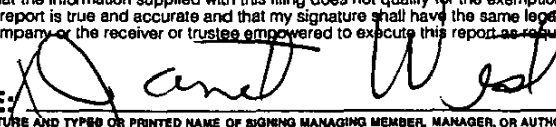


FILED
May 12, 2008 8:00 am
Secretary of State

04-14-2008 90225 026 ***135.75

05-12-2008 90119 041 *****3.00

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000010836			
1. Entity Name DIMENSIONS HAIR STUDIO, LLC			
Principal Place of Business 11915 COUNTY ROAD 103 THE VILLAGES, FL 32162		Mailing Address 11915 COUNTY ROAD 103 THE VILLAGES, FL 32162	
2. Principal Place of Business - No P.O. Box # 321 COLONY BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State THE VILLAGES FL		City & State	
Zip 32162	Country USA	Zip	Country
6. Name and Address of Current Registered Agent SKATES, JEFFREY P 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32162		4. FEI Number 20-8344052	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEST, JANET 3400 SOUTHERN TRACE THE VILLAGES, FL 32162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date: 4-10-08	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

ATTACHMENT

60040610

DIMENSIONS HAIR STUDIO
11915 CR 103
THE VILLAGES, FL 32162

May 6, 2008

Florida Department of State
Divisions of Corporations
P.O. Box 6478
Tallahassee, FL 32314

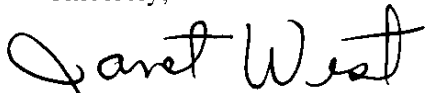
Ref: Annual Report # L07000010836 Dimensions Hair Studio, LLC

Dear Sirs,

Please find enclosed a copy of the original annual report that we filed with check # 1238 for \$135.75 on April 10th, 2008. We had shorted the payment by \$3.00. We have enclosed the balance of the payment amount necessary to file our return.

Thank you for your cooperation in this matter.

Sincerely,



Janet West
Owner