2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 15, 2008 8:00 am Secretary of State

DOCUMENT # L07000014524 1. Entity Name FIVE STAR HAIR SALON LLC					Secretary of State 04-15-2008 90117 014 ***138.75				
Principal Place of Business 4829 ALLEN ROAD ZEPHYRHILLS, FL 33541		Mailing Address 4829 ALLEN ROAD ZEPHYRHILLS, FL 33541		1:##H#H#H#H#H	;	11 2010) (121 2729)		IESI MA IEZA	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092008	Chg-LLC	CR2E083	3 (12/06)		
City & State		City & State			4. FEI Numbe	733 7338	}		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Add se Require	
	6. Name and Address of Curren	Registered Agent			7. Name and	Address of New R	legistered Ag	ent	
SEAL, CECELIA 4829 ALLEN ROAD ZEPHYRHILLS, FL 33541				Name Street Address (I	P.O. Box Numbe	r is Not Acceptable	9)		
			-	City	· · <u></u>		FL	Zip Cod	9
8. The above the obligat	named entity submits this statement f tions of registered agent.	or the purpose of changing its r	egistered o	office or register	ed agent, or both	n, in the State of Flo	orida. I am far	niliar with,	and accept
SIGNATURE									
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Age	ent signature required	when reinstating)		DATE		
FILE	Signature, typed or printed name of registered agent NOWIII FEE IS \$138.75 / 1, 2008 Fee will be \$538.7		Registered Age	ent signature required		Florida	e check pay a Departmen	t of State	
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
SIGNATURE: Cecelia Seal Cecelia Seal	4/9/08	(813) 715-7227