## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000019129

Entity Name: HAIR WE GO, LLC

Title:

Name:

Address:

City-St-Zip:

MGR

() Delete

NEW PORT RICHEY, FL 34652

TEMELKOVSKI, BORIS

4630 GLISSADE DRIVE

FILED Feb 03, 2009 Secretary of State

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**Current Principal Place of Business: New Principal Place of Business:** 4630 GLISSADE DRIVE NEW PORT RICHEY, FL 34652 **Current Mailing Address: New Mailing Address:** 644 ISLAND WAY, SUITE 208 CLEARWATER, FL 33767 FEI Number: 56-2641263 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TEMELKOVSKI, SLOBODANKA MGR 4630 GLISSADÉ DRIVE NEW PORT RICHEY, FL 34652 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete TEMELKOVSKI, SLOBODANKA Name: Name: Address: 4630 GLISSADE DRIVE Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

 Title:
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 (X) Delete
 Title:

 Name:
 TEMELKOVSKI, SLOBODANKA
 Name:

 Address:
 4630 GLISSADE DRIVE
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 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: SLOBODANKA TEMELKOVSKI MGR 02/03/2009