

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044469

Entity Name: ASHLEY'S HAIR, LLC

FILED
Apr 26, 2010
Secretary of State

Current Principal Place of Business:

4808 N. STATE RD. 7
APT #205
COCONUT CREEK, FL 33073

Current Mailing Address:

4808 N. STATE RD. 7
APT #205
COCONUT CREEK, FL 33073

New Principal Place of Business:

4824 N. STATE RD. 7
APT #205
COCONUT CREEK, FL 33073

New Mailing Address:

4824 N. STATE RD. 7
APT #205
COCONUT CREEK, FL 33073

FEI Number: 20-8973537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLOMBIER, ASHLEY
4808 N. STATE RD. 7
APT #205
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

COLOMBIER, ASHLEY
4824 N. STATE RD. 7
APT #205
COCONUT CREEK, FL 33073 US

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:

04/26/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: COLOMBIER, ASHLEY
Address: 4824 N. STATE RD. 7, APT #205
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM
Name: COLOMBIER, XAVIER
Address: 4824 N. STATE RD. 7, APT #205
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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: XAVIER COLOMBIER

MR

04/26/2010

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