

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046654

FILED
Apr 24, 2008
Secretary of State

Entity Name: PINE ISLAND FAMILY HAIR SALON-1, LLC

Current Principal Place of Business:

9848 STRINGFELLOW ROAD
ST JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

9848 STRINGFELLOW ROAD
ST JAMES CITY, FL 33956

New Mailing Address:

FEI Number: 20-8935147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARSE, ANN
17100 TAMIAMI TRAIL #277
PUNTA GORDA, FL 33955 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: PEARSE, ANN
Address: 17100 TAMIAMI TRAIL #277
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM () Delete
Name: KOTAR, WENDY
Address: 15550 BURNT STORE ROAD #240
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ANN E PEARSE

MGRM

04/24/2008

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