

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047698

Entity Name: IL SHAMPOO, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

13858 SW 56TH STREET
MIAMI, FL 33175

New Principal Place of Business:

13911 SW 42 ST #104
MIAMI, FL 33175

Current Mailing Address:

13858 SW 56TH STREET
MIAMI, FL 33175

New Mailing Address:

13911 SW 42 ST #104
MIAMI, FL 33175

FEI Number: 65-0832607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, LILIAN
13858 SW 56TH STREET
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

HERNANDEZ, LILIAN
13911 SW 42 ST #104
MIAMI, FL 33175 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: LILIAN HERNANDEZ

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HERNANDEZ, LILIAN
Address: 13858 SW 56TH STREET
City-St-Zip: MIAMI, FL 33175

Title: MGR () Delete
Name: HERNANDEZ, SERGIO
Address: 13858 SW 56TH STREET
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERNANDEZ, LILIAN
Address: 13911 SW 42 ST #104
City-St-Zip: MIAMI, FL 33175

Title: MGR (X) Change () Addition
Name: HERNANDEZ, SERGIO
Address: 13911 SW 42 ST #104
City-St-Zip: MIAMI, FL 33175

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: LILIAN HERNANDEZ

MGR

04/30/2008

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