

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068324

Entity Name: STYLE STUDIO, L.L.C.

FILED  
Jun 19, 2009  
Secretary of State

## Current Principal Place of Business:

3910 NW 23RD DRIVE  
GAINESVILLE, FL 32605

## New Principal Place of Business:

5036 DR PHILLIPS BLVD  
#184  
ORLANDO, FL 32819 US

## Current Mailing Address:

3910 NW 23RD DRIVE  
GAINESVILLE, FL 32605

## New Mailing Address:

5036 DR PHILLIPS BLVD  
#184  
ORLANDO, FL 32819 US

FEI Number: 26-2035146      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

RHOADS, JACLYN S  
3910 NW 23RD DRIVE  
GAINESVILLE, FL 32605 US

## Name and Address of New Registered Agent:

RHOADS, JACLYN S  
5036 DR PHILLIPS BLVD  
184  
ORLANDO, FL 32819 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: JACLYN S. RHOADS

06/19/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RHOADS, JACLYN S MRS.  
Address: 3910 NW 23RD DRIVE  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: RHOADS, JACLYN S MRS.  
Address: 5036 DR PHILLIPS BLVD #184  
City-St-Zip: ORLANDO, FL 32819 US

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: JACLYN S. RHOADS

MGR

06/19/2009

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