

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

07-28-2008 90074 007 ***138.75
09-05-2008 90065 027 *****5.00

DOCUMENT # L07000071504					
1. Entity Name GIGI'S HAIR & BEAUTY SALON LLC					
Principal Place of Business 1945 ATHENS AVE PENSACOLA, FL 32507			Mailing Address 2499 REDOUBT AVE PENSACOLA, FL 32507		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0505271 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				07072008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent DANIEL, VIRGINIA A 2499 REDOUBT AVE PENSACOLA, FL 32507			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DANIEL, VIRGINIA A 2499 REDOUBT AVE PENSACOLA, FL 32507	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Virginia A. Daniel</i>			Date: <i>7/17/08</i> (850) 455-4567		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		