


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


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

05-05-2008 90032 034 ***138.75

DOCUMENT # L07000087870	
1. Entity Name BLONDIE'S HAIR STUDIO, LLC.	

Principal Place of Business 140 NE 2ND AVE SUITE #1 DELRAY BEACH, FL 33444	Mailing Address 16198 MERIDA LANE DELRAY BEACH, FL 33484
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 140 NE 2ND AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE #1
City & State	City & State DELRAY BEACH FL
Zip	Zip 33444
Country	Country

	
04242008 Chg-LLC	CR2E083 (12/06)
4. FEI Number 51-0647843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SIZEMORE, JULIE R 16198 MERIDA LANE DELRAY BEACH, FL 33484	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIZEMORE, JULIE R 16198 MERIDA LANE DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____