

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092082

**FILED**  
**Jan 12, 2009**  
**Secretary of State**

**Entity Name:** MIRROR IMAGE HAIR SYSTEMS L.L.C.

**Current Principal Place of Business:**

1041 SW EMBERS TERR  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

1041 SW EMBERS TERR  
CAPE CORAL, FL 33991

**New Mailing Address:**

FEI Number: 87-0812361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROADCAP, KERRIE  
125 JACARANDA PKWY  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

CUSIC, LINDA  
1041 SW EMBERS TERR  
CAPE CORAL, FL 33991 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: LINDA CUSIC

01/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CUSIC, LINDA L  
Address: 1041 SW EMBERS TERR  
City-St-Zip: CAPE CORAL, FL 33991

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: CUSIC, LINDA L  
Address: 1041 SW EMBERS TERR  
City-St-Zip: CAPE CORAL, FL 33991

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: LINDA CUSIC

PRES

01/12/2009

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