

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093398

Entity Name: DIVINE HAIR STUDIO, LLC

FILED  
Feb 15, 2008  
Secretary of State

## Current Principal Place of Business:

2847 BERKSHIRE CIR  
KISSIMMEE, FL 34743

## New Principal Place of Business:

2322 FORTUNE ROAD  
KISSIMMEE, FL 34743

## Current Mailing Address:

2847 BERKSHIRE CIR  
KISSIMMEE, FL 34743

## New Mailing Address:

2322 FORTUNE ROAD  
KISSIMMEE, FL 34743

FEI Number: 26-0890849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ACOSTA, IRENE  
2847 BERKSHIRE CIR  
KISSIMMEE, FL 34743 US

## Name and Address of New Registered Agent:

ACOSTA, IRENE  
2322 FORTUNE ROAD  
KISSIMMEE, FL 34743 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: IRENE ACOSTA

02/15/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ACOSTA, IRENE  
Address: 2847 BERKSHIRE CIR  
City-St-Zip: KISSIMMEE, FL 34743

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ACOSTA, IRENE  
Address: 2322 FORTUNE ROAD  
City-St-Zip: KISSIMMEE, FL 34743

Title: MGRM ( ) Change (X) Addition  
Name: TORRES, YAZMIN  
Address: 2322 FORTUNE ROAD  
City-St-Zip: KISSIMMEE, FL 34743

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: IRENE ACOSTA

MGRM

02/15/2008

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