2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# L07000094248

Entity Name: CUT LOOSE HAIR DESIGN LLC

Current Principal Place of Business:

4111 NEPTUNE RD
ST. CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

4111 NEPTUNE RD
ST. CLOUD, FL 34769 US

New Mailing Address:

P.O. BOX 700052
ST. CLOUD, FL 34770 US

FEI Number: 26-1142624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODHOUSE, JULIE A
609 EASTERN AVE
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WOODHOUSE, JULIE A
Address: 609 EASTERN AVE
City-St-Zip: ST. CLOUD, FL 34769 US

Title: MGRM ( ) Delete
Name: WOODHOUSE, JOHN D
Address: 609 EASTERN AVE
City-St-Zip: ST. CLOUD, FL 34769 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JULIE A. WOODHOUSE MGRM 04/10/2009

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