2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90030 047 ***138.75

DOCUMENT # L07000099048

1. Entity Name
TREASURE COAST HAIR RESTORATION, LLC

Principal Place of Business	Mailing Address
1825 SE TIFFANY AVENUE, #101 PORT ST LUCIE, FL 34952	1825 SE TIFFANY AVENUE, #101 PORT ST LUCIE, FL 34952

02292008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		2642 SE Gowin Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Port St Lucie, FL	
Zip	Country	Zip: 34952	Country: St Lucie

4. FEI Number: 32-0216279 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, JOHN J JR.
BUTZEL LONG, P.C.
STE. 420, 1200 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33432

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KURTIN, ADAM 1825 SE TIFFANY AVENUE, #101 PORT ST LUCIE, FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Teague, Joel 2642 SE Gowin Drive Port St Lucie, FL 34952	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: [signature] 4-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #