2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101253

Entity Name: R AND M HAIR SALON, LLC

MELENDEZ, MARTHA L

1893 WEST WOOLBRIGHT ROAD

BOYNTON BEACH, FL 33426

Name:

Address:

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1893 WEST WOOLBRIGHT ROAD 1893 WEST WOOLBRIGHT ROAD C/O DAVID MELENDEZ BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 **New Mailing Address: Current Mailing Address:** 1893 WEST WOOLBRIGHT ROAD 1893 WEST WOOLBRIGHT ROAD C/O DAVID MELENDEZ BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 FEI Number: 22-3969429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete MARTINEZ, RAFAEL Name: Name: Address: 1893 WEST WOOLBRIGHT ROAD Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: () Delete Title: () Change () Addition MARTINEZ, RAFAEL Name: Name: Address: 1893 WEST WOOLBRIGHT ROAD Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MELENDEZ, MARTHA L Name: Name: 1893 WEST WOOLBRIGHT ROAD Address: Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARTHA L. MELENDEZ MGR 03/20/2009