

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008696

Entity Name: HAIR SOLUTIONS GROUP, LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

4759 VIA PALM LAKE
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

4759 VIA PALM LAKE
306
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

4759 VIA PALM LAKE
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: 41-2267708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAGAN, DON
10961 BURNT MILL ROAD # 1034
JACKSONVILLE, FL 32256 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: BAKER SR., DON
Address: 4759 VIA PALM LAKE
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: MGRM () Delete
Name: BAKER, JR., DON
Address: 4759 VIA PALM LAKE
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: MGRM () Delete
Name: FAGAN, DON
Address: 4759 VIA PALM LAKE
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: MGRM () Delete
Name: KIRKPATRICK, CHARLES
Address: 4759 VIA PALM LAKE
City-St-Zip: WEST PALM BEACH, FL 33417 US

ADDITIONS/CHANGES:

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

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

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: DON BAKER

MGRM

01/06/2009

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