

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010015

FILED
Jun 23, 2009
Secretary of State

Entity Name: HAIR ON EARTH / KH HAIRGROUP, LLC

Current Principal Place of Business:

741 NORTH MONROE ST.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

741 NORTH MONROE ST.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 26-1844257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DIRKS MCCRAY, DARLA
1932 QUEENSWOOD DR
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

GALOTTI, WILLIAM F II
1319 NORTH DUVAL STREET
TALLAHASSEE, FL 32303 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: WILLIAM FIELDING GALOTTI II

06/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIRKS MCCRAY, DARLA
Address: 1932 QUEENSWOOD DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: GALOTTI, WILLIAM F II
Address: 1319 N. DUVAL ST
City-St-Zip: TALLAHASSEE, FL 32303

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: WILLIAM FIELDING GALOTTI II

MGRM

06/23/2009

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