2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# L08000019561

Entity Name: LACE WIGS BY LE SHA' LLC

Current Principal Place of Business:

3295 JOHN HANDCOCK DR.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12282
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 42-1757888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, LEIA M
3295 JOHN HANDCOCK DR.
TALLAHASSEE, FL 32312 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: MGR ( ) Delete
Name: JOHNSON, LEIA M
Address: P.O. BOX 12282
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM ( ) Delete
Name: JACKSON, HOMER S
Address: P.O. BOX 19033
City-St-Zip: PANAMA CITY BEACH, FL

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: JACKSON, HOMER S
Address: P.O. BOX 19033
City-St-Zip: PANAMA CITY BEACH, FL 32417

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: HOMER JACKSON MGRM 03/03/2009

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