

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027778

FILED
May 01, 2009
Secretary of State

Entity Name: SECOND GLANCE STYLES HAIR SALON, LLC

Current Principal Place of Business:

4102 OLEANDER AVENUE
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

2401 SOUTH 25TH STREET, APT 1E
FORT PIERCE, FL 34981

New Mailing Address:

216 NW GOLDCOAST AVE
PORT ST LUCIE, FL 34983

FEI Number: 26-2194428 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:

Name and Address of New Registered Agent:

BROWN, TAMARA
4102 OLEANDER AVENUE
FORT PIERCE, FL 34982 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:

Title: MGR () Delete
Name: BROWN, TAMARA
Address: 2401 SOUTH 25TH STREET APT 1E
City-St-Zip: FORT PIERCE, FL 34981

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROWN, TAMARA
Address: 216 NW GOLDCOAST AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: MGR () Change (X) Addition
Name: BROWN, WALDRON
Address: 216 NW GOLDCOAST AVE
City-St-Zip: PORT ST LUCIE, FL 34983

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: TAMARA BROWN

MGR

05/01/2009

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