

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034485

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** DOMINICAN HAIR SALON & BUTIQUE LLC

**Current Principal Place of Business:**

10622 SOUTH FEDERAL HIGHWAY  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

718 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

10622 SOUTH FEDERAL HIGHWAY  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

718 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34953

**FEI Number:** 83-0510852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEGUERO, CLEIBIS T  
614 NW RIVERSIDE DR  
PORT ST LUCIE, FL 34983 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: P ( ) Delete  
Name: PEREZ, YSSEL V P  
Address: 3449 SW FASHODO ST  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VCP ( ) Delete  
Name: HEREDIA, KIZZY T VCP  
Address: 614 NW RIVERSIDE DR  
City-St-Zip: PORT ST LUCIE, FL 34983

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

**ADDITIONS/CHANGES:**

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

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

Title: S ( ) Change (X) Addition  
Name: PEGUERO, CLEIBIS  
Address: 614 NW RIVERSIDE DR  
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:** CLEIBIS PEGUERO

S

01/21/2009

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