2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048103

Entity Name: KHRYSTYLES NATURAL HAIR AND SPALLC

FILED May 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4740 1ST AVE S 2400 DR ML KING ST S ST PETERSBURG, FL 33711

STEE

ST PETERSBURG, FL 33705

Current Mailing Address: New Mailing Address:

4740 1ST AVE S 2400 DR ML KING ST S

ST PETERSBURG, FL 33711 STE E

ST PETERSBURG, FL 33705

FEI Number: 26-2426881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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:

AAGAP CONSULTANTS INC AAGAP CONSULTANTS INC 2400 DR ML KING ST S STE C 2400 DE ML KING ST S STE C ST PETERSBURG, FL 33705 US ST PETERSBURG, FL 33705 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: 05/12/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition

MORGAN, CHRYSTAL MORGAN, CHRYSTAL Name: Name: Address: 4740 1ST AVE S Address: 2400 DR ML KING ST S STE E City-St-Zip: ST PETERSBURG, FL 33711 City-St-Zip: ST PETERSBURG, FL 33705

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: CHRYSTAL MORGAN 05/12/2009