

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048103

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** KHRYSTYLES NATURAL HAIR AND SPA LLC

**Current Principal Place of Business:**

2400 DR ML KING ST S  
STE E  
ST PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

2400 DR ML KING ST S  
STE E  
ST PETERSBURG, FL 33705

**New Mailing Address:**

**FEI Number:** 26-2426881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AAGAP CONSULTANTS INC  
2400 DR ML KING ST S STE C  
ST PETERSBURG, FL 33705 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: MGRM  
Name: MORGAN, CHRYSTAL  
Address: 2400 DR ML KING ST S STE E  
City-St-Zip: ST PETERSBURG, FL 33705

I hereby 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

MGRM

04/30/2010

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