2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000050547

Entity Name: DONALD'S FAMILY HAIRCUTS LLC

Current Principal Place of Business:

6420 WESTPORT DR.
PORT RICHEY, FL 34668

New Principal Place of Business:

9409 US HWY 19
315
PORT RICHEY, FL 34668

Current Mailing Address:

6420 WESTPORT DR.
PORT RICHEY, FL 34668

New Mailing Address:

9409 US HWY 19
315
PORT RICHEY, FL 34668

FEI Number: 26-2698634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANCILLA, VILMA
6420 WESTPORT DR.
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

MANCILLA, VILMA
9409 US HWY 19.
315
PORT RICHEY, FL 34668 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: 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHUPINA, JORGE
Address: 6420 WESTPORT DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM ( ) Delete
Name: MANCILLA, VILMA
Address: 6420 WESTPORT DR.
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHUPINA, JORGE
Address: 9409 US HWY 19 SUITE 315
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM (X) Change ( ) Addition
Name: MANCILLA, VILMA
Address: 9409 US HWY 19 SUITE 315
City-St-Zip: PORT RICHEY, FL 34668

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: VILMA MANCILLA MGRM 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date