2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L08000050856

Entity Name: STYLISH BEAUTY PARLOR, LLC

Current Principal Place of Business:

4953 LECHALET BOULEVARD
NO.:2
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

4953 LECHALET BOULEVARD
NO.:2
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 30-0484512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BACA, MARTINA J
4953 LECHALET BOULEVARD
NO.:2
BOYNTON BEACH, FL 33436 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:	MGR	( ) Delete
Name:	BACA, MARTINA J	
Address:	4953 LECHALET BOULEVARD, NO.:2	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	MGRM	( ) Delete
Name:	BACA, JIMMY M	
Address:	4953 LECHALET BOULEVARD, NO.:2	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	MGRM	( ) Delete
Name:	STASIENKO, CYNTHIA Y	
Address:	4953 LECHALET BOULEVARD, NO.:2	
City-St-Zip:	BOYNTON BEACH, FL 33436	

ADDITIONS/CHANGES:

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

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: MARTINA BACA MGR 04/16/2009

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