

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061880

FILED  
Apr 12, 2009  
Secretary of State

Entity Name: SUITE 4 HAIR SALON LLC

**Current Principal Place of Business:**

5131 S FLORIDA AVE  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

5131 S FLORIDA AVE  
LAKELAND, FL 33813

**New Mailing Address:**

5225 IMPERIAL LAKES BLVD  
NO 7  
MULBERRY, FL 33860

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZACCARDI, JUTTA  
5225 IMPERIAL LANE, NO 7  
MULBERRY, FL 33860 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 ( ) Delete  
Name: ZACCARDI, JUTTA  
Address: 5225 IMPERIAL LANE, NO 7  
City-St-Zip: MULBERRY, FL 33860

**ADDITIONS/CHANGES:**

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: JUTTA ZACCARDI

MGR

04/12/2009

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