## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000066007

VALENCIA, DANIELA

ORLANDO, FL 32837

2338 BLUE SAPPHIRE CR

Name:

Address:

City-St-Zip:

Entity Name: HAIR X-PERTS OF ORLANDO LLC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
11601 SOUTH ORANGE BLOSSOM TRAIL 102				
ORLANDO	, FL 32837			
Current Mailing Address:			New Mailing Address:	
11601 SOUTH ORANGE BLOSSOM TRAIL 102				
ORLANDO	, FL 32837			
FEI Number:	26-2936566	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
102		BLOSSOM TRAIL		
	named entity		ourpose of changing its register	ed office or registered agent, or both
SIGNATUR	RE:			
Electronic Signature of Registered Age			nt Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	VALENCIA, RA	V AV. APT # 401	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	GONZALEZ, N	V AV. APT # 401	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR ( HERNANDEZ, 2338 BLUE SA ORLANDO, FL	PPHIRE CR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGR (	) Delete	Title:	( ) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RAUL VALENCIA MGR 04/14/2009