2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L08000071432

Entity Name: 4SEASONS HAIR SALON, LLC

Current Principal Place of Business:

4645 GUN CLUB RD.
SUITE 10
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

4645 GUN CLUB RD.
SUITE 10
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 26-3161361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETANCES, FATIMA M
881 BANYAN DR.
WEST PALM BEACH, FL 33415 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: MNG ( ) Delete
Name: BETANCES, FATIMA M
Address: 881 BANYAN DR.
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MNG ( ) Delete
Name: BELLIARD-MONTES, MARIA E
Address: 881 BANYAN DR.
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES:

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: FATIMA BETANCES MNG 03/31/2009

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