

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071432

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**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:**

BELLIARD-MONTES, MARIA E  
1124 BANYAN DR.  
WEST PALM BEACH, FL 33415 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: MARIA BELLIARD-MONTES

02/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MNG  
Name: BELLIARD-MONTES, MARIA E  
Address: 1124 BANYAN DR.  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MNG  
Name: BETANCES, FATIMA  
Address: 1124 BANYAN DR.  
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby 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: MARIA BELLIARD-MONTES

MNG

02/22/2010

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