

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094425

FILED
Aug 05, 2009
Secretary of State

Entity Name: RENIE'S HAIR DESIGN, LLC

Current Principal Place of Business:

13940 N U S HIGHWAY 441
SUITE 901
LADY LAKE, FL 32159

New Principal Place of Business:

13940 N U S HIGHWAY 441
SUITE 901
LADY LAKE, FL 32159 US

Current Mailing Address:

13940 N U S HIGHWAY 441
SUITE 901
LADY LAKE, FL 32159

New Mailing Address:

13940 N U S HIGHWAY 441
SUITE 901
LADY LAKE, FL 32159 US

FEI Number: 26-3484279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHLESIER, MAUREEN J
423 HIGHWAY 466
APT 5204
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

SCHLESIER, MAUREEN J
13940 N US HIGHWAY 441
SUITE 901
LADY LAKE, FL 32159 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: MAUREEN J SCHLESIER

08/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHLESIER, MAUREEN J
Address: 423 HIGHWAY 466 APT 5204
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHLESIER, MAUREEN J
Address: 13940 N US HIGHWAY 441 - SUITE 901
City-St-Zip: LADY LAKE, FL 32159 US

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: MAUREEN J SCHLESIER

MGRM

08/05/2009

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