

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095588

FILED
Jun 25, 2009
Secretary of State

Entity Name: GOT HAIR? SALON SERVICES LLC

Current Principal Place of Business:

9101 W. COLLEGE POINTE DR.
SUITE 1
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

9101 W. COLLEGE POINT DR.
SUITE 1
FORT MYERS, FL 33919 US

New Mailing Address:

9101 W. COLLEGE POINTE DR.
SUITE 1
FORT MYERS, FL 33919 US

FEI Number: 26-3553462 **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:

KINSEY, LESLIE K
9101 W. COLLEGE POINTE DR
SUITE 1
FORT MYERS, FL 33919 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: MGR () Delete
Name: KINSEY, LESLIE K
Address: 9101 W. COLLEGE POINTE DR., SUITE 1
City-St-Zip: FORT MYERS, FL 33919 US

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: LESLIE K. KINSEY

MGR

06/25/2009

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