

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103098

Entity Name: TRENDY HEADS L.L.C

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

1431 BLUEJAY CIRCLE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1431 BLUEJAY CIRCLE  
WESTON, FL 33327

**New Mailing Address:**

1425 ST. GABRIELLE LANE  
#4203  
WESTON, FL 33326

FEI Number: 80-0311545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FURMAN, NICOLE  
1431 BLUEJAY CIRCLE  
WESTON, FL 33327 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: D ( ) Delete  
Name: FURMAN, NICOLE  
Address: 1431 BLUEJAY CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: D (X) Delete  
Name: PARLANTE, USA  
Address: 481 HOLLY CT  
City-St-Zip: WESTON, FL 33331

Title: D (X) Delete  
Name: PARLANTE, LAUREN  
Address: 481 HOLLY CT  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NICOLE FURMAN

D

04/30/2009

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