

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000106944

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** FLAIR STUDIO OF HAIR DESIGN, LLC

**Current Principal Place of Business:**

2032 ASHLEY OAKS CIRCLE  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

6745 BLUFF MEADOW CT  
WESLEY CHAPEL, FL 33545

**New Mailing Address:**

**FEI Number:** 26-3752601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHELLE, TRAVIS  
6745 BLUFF MEADOW CT  
WESLEY CHAPEL, FL 33545 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:** MGRM  
**Name:** MICHELLE, TRAVIS  
**Address:** 6745 BLUFF MEADOW CT  
**City-St-Zip:** WESLEY CHAPEL, FL 33545

**Title:** MGR  
**Name:** JOSEPH, TRAVIS III  
**Address:** 6745 BLUFF MEADOW CT  
**City-St-Zip:** WESLEY CHAPEL, FL 33545

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:** MICHELLE TRAVIS

MGRM

05/02/2011

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