2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# L08000110027

Entity Name: PAM AND GLYNA MAE'S BARBER SHOP LLC

Current Principal Place of Business:

2400 SE 36TH AVE
OCALA, FL 34471

New Principal Place of Business:

2400 SE 36TH AVE
101
OCALA, FL 34471

Current Mailing Address:

2400 SE 36TH AVE
OCALA, FL 34471

New Mailing Address:

2400 SE 36TH AVE
101
OCALA, FL 34471

FEI Number: 35-2351399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMPSON, GLYNA MAE
3056 NE 120TH ST
ANTHONY, FL 32617 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 ( ) Delete
Name: BECKHAM, PAM
Address: P O BOX 563
City-St-Zip: LOWELL, FL 32663

Title: MGRM ( ) Delete
Name: SIMPSON, GLYNA MAE
Address: 3056 NE 120TH ST
City-St-Zip: ANTHONY, FL 32617

ADDITIONS/CHANGES:

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: PAM BECKHAM MGRM 02/12/2009

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