

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110575

FILED
Jun 24, 2009
Secretary of State

Entity Name: AMAZING HAIR ACCESSORIES L.L.C.

Current Principal Place of Business:

1885 LEE ROAD
SUITE A
ORLANDO, FL 32789

New Principal Place of Business:

Current Mailing Address:

1885 LEE ROAD
SUITE A
ORLANDO, FL 32789

New Mailing Address:

14242 CRYSTAL KEY PL
ORLANDO, FL 32824

FEI Number: 26-3786074 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:

ROMERO, KARLA
1178 SANDESTIN WAY
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

ROMERO, KARLA
14242 CRYSTAL KEY PL
ORLANDO, FL 32824 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: KARLA ROMERO

06/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROMERO, CARLOS W
Address: 1885 LEE ROAD STE A
City-St-Zip: WINTER PARK, FL 32789

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ROMERO, CARLOS W
Address: 14242 CRYSTAL KEY PL
City-St-Zip: ORLANDO, FL 32824

Title: MGR () Change (X) Addition
Name: ROMERO, KARLA
Address: 14242 CRYSTAL KEY PL
City-St-Zip: ORLANDO, FL 32824

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: KARLA ROMERO

MGR

06/24/2009

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