

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000017193

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** YOUR STYLE HAIR SALON "L.L.C."

**Current Principal Place of Business:**

5028 PLYMOUTH STREET  
2&3  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

5028 PLYMOUTH STREET  
2&3  
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number:** 26-4212237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUILLAUMETTE, MARYSE DUTES  
4965 ORTEGA HILLS DRIVE  
JACKSONVILLE, FL 32244 US

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

GUILLAUMETTE, MARYSE DUTES  
5028 PLYMOUTH STREET  
SUITE 2&3  
JACKSONVILLE, FL 32205 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: MARYSE D GUILLAUMETTE

03/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GUILLAUMETTE, MARYSE DUTES  
Address: 5028 PLYMOUTH STREET SUITE 2&3  
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM  
Name: GUILLAUMETTE, SERGE HUGO  
Address: 5028 PLYMOUTH STREET SUITE 2&3  
City-St-Zip: JACKSONVILLE, FL 32205

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: MARYSE D GUILLAUMETTE

MGR

03/23/2011

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