

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000036278

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** HAIR BY DEVIN, LLC

**Current Principal Place of Business:**

7643 GATE PKWY STE 102  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

8401 SOUTHSIDE BLVD STE 1204  
JACKSONVILLE, FL 32256

**New Mailing Address:**

9727 TOUCHTON RD  
APT 1603  
JACKSONVILLE, FL 32246

**FEI Number:** 36-4634484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIFER, DEVIN  
7643 GATE PKWY STE 102  
JACKSONVILLE, FL 32256 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: PIFER, DEVIN  
Address: 8401 SOUTHSIDE BLVD STE 1204  
City-St-Zip: JACKSONVILLE, FL 32256

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: DEVIN PIFER

MGRM

04/06/2010

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