

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000051098

FILED  
May 06, 2010  
Secretary of State

**Entity Name:** HAYLEY LAUREN COUTURE, LLC

**Current Principal Place of Business:**

3852 KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

3852 KILLEARN CENTER BLVD  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

3852 KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32309

**New Mailing Address:**

3852 KILLEARN CT  
TALLAHASSEE, FL 32309

**FEI Number:** 27-0271880      **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:**

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

MANN, HAYLEY C  
918 DELORES DR.  
TALLAHASSEE, FL 32301      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MANN, HAYLEY C  
**Address:** 918 DELORES DR.  
**City-St-Zip:** TALLAHASSEE, FL 32301

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: HAYLEY C MANN

MRS

05/06/2010

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