

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067970

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** REFLECTIONS HAIR GALLERY LLC

**Current Principal Place of Business:**

1717 STATE ROAD 60  
VALRICO, FL 33594

**New Principal Place of Business:**

1717 STATE ROAD 60 EAST  
VALRICO, FL 33594

**Current Mailing Address:**

521 NORTH LARRY CIRCLE  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 27-0546148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLEIST, KORYN A  
521 NORTH LARRY CIRCLE  
BRANDON, FL 33511 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: MGR  
Name: KLEIST, KORYN A  
Address: 521 NORTH LARRY CIRCLE  
City-St-Zip: BRANDON, FL 33511

Title: MGR  
Name: KLEIST, KEVIN B  
Address: 521 NORTH LARRY CIRCLE  
City-St-Zip: BRANDON, FL 33511

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: KORYN A. KLEIST

MGR

04/14/2010

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