

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000072398

**Entity Name:** CHANGING FACES STYLING STUDIO,LLC

**FILED**  
**Sep 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6625 ARGYLE FOREST BLVD.  
7  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**FILING CANCELLED**  
**RETURNED CHECK**

**Current Mailing Address:**

6214 MORSE OAKS CIRCLE  
JACKSONVILLE, FL 32244

**New Mailing Address:**

6625 ARGYLE FOREST BLVD.  
7  
JACKSONVILLE, FL 32244

**FEI Number:** 20-0632631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAMPTON, TORIA L  
6214 MORSE OAKS CIRCLE  
JACKSONVILLE, FL 32244 US

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

HAMPTON, TORIA L  
6625 ARGYLE FOREST BLVD  
7  
JACKSONVILLE, FL 32244 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:

09/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HAMPTON, TORIA L  
Address: 7881 DWYER DR.  
City-St-Zip: JACKSONVILLE, FL 32244

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: TORIA L HAMPTON

MGR

09/10/2011

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