

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000072500

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** HAIRCUTS QUEEN'S HARBOR, LLC

**Current Principal Place of Business:**

13170 ATLANTIC BLVD.  
59  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 VASSAR POINT DRIVE  
ST. SIMONS ISLAND, GA 31522 US

**New Mailing Address:**

110 HOLLY STREET  
ST. SIMONS ISLAND, GA 31522 US

**FEI Number:** 27-0632337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: MOUNTAINLIFE CORP.  
Address: 500 VASSAR POINT DRIVE  
City-St-Zip: ST.,SIMONS ISLAND, GA 31522 US

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: TOM BRUBAKER

OWNE

01/04/2012

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