

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082356

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** LOCS & NATURAL HAIR CARE BY MS. T LLC.

**Current Principal Place of Business:**

611 N NEW WARRINGTON RD UNIT #5  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

611 N NEW WARRINGTON RD UNIT #5  
PENSACOLA, FL 32506

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HUMBLES, JEFFREY A  
505 CLAIRMONT DR  
PENSACOLA, FL 32506 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: HUMBLES, TURANAKA F  
Address: 611 N NEW WARRINGTON RD UNIT #5  
City-St-Zip: PENSACOLA, FL 32506

Title: MGR  
Name: HUMBLES, JEFFREY A  
Address: 505 CLAIRMONT DR  
City-St-Zip: PENSACOLA, FL 32506

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: TURANAKA HUMBLES

PRES

04/30/2010

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