

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085861

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Entity Name:** UNIQUE HAIR SOLUTIONS, LLC

**Current Principal Place of Business:**

5355 TOWN CENTER ROAD, STE 801  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

5355 TOWN CENTER ROAD, STE 801  
BOCA RATON, FL 33486

**New Mailing Address:**

21218 ST. ANDREWS BLVD.  
PO BOX 735  
BOCA RATON, FL 33433

**FEI Number:** 90-0516175      **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:**

ZAPPITELL, DAVID J ESQ  
5355 TOWN CENTER ROAD, STE 801  
BOCA RATON, FL 33486      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:** MGR  
**Name:** ZAPPITELL, DAVID J  
**Address:** 5355 TOWN CENTER ROAD, STE 801  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** MGR  
**Name:** THOMPSON, THOMAS  
**Address:** 2976 FAWN DRIVE  
**City-St-Zip:** LOXAHATCHEE, FL 33470

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:** DAVID J. ZAPPITELL

MGR

05/12/2010

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