

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000018382

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SHIAN'S HEALTHY HAIR LLC

**Current Principal Place of Business:**

3598 FOWLER STREET  
FT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3598 FOWLER STREET  
FT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 30-0663652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, LASHANDA M  
8326 BERNWOOD COVE LOOP  
910  
FT MYERS, FL 33966 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: JONES, LASHANDA M  
Address: 3598 FOWLER ST  
City-St-Zip: FORT MYERS, FL 33901

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: LASHANDA JONES

OWN

04/26/2011

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