

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000064782

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** HAIR HORIZONS SALON AND DAY SPA, LLC

**Current Principal Place of Business:**

874 COMMONWEALTH COURT  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

1977 ALAFAYA TRAIL  
SUITE1081  
OVIEDO, FL 32765 US

**Current Mailing Address:**

874 COMMONWEALTH COURT  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

**FEI Number:** 27-2977924      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHORT, PATRICIA A  
874 COMMONWEALTH COURT  
CASSELBERRY, FL 32707 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:** BOLDUC, FRANCINE  
**Address:** 4308 PLACID WAY  
**City-St-Zip:** ORLANDO, FL 32826 US

**Title:** MGRM  
**Name:** SHORT, PRATRICIA A  
**Address:** 874 COMMONWEALTH CT  
**City-St-Zip:** CASSELBERRY, FL 32707 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:** PATRICIA A. SHORT

MGRM

04/17/2011

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