

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000075443

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** VISION'S OF HAIR & NAILS LLC

**Current Principal Place of Business:**

799 NW 13TH ST  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

2031 W OAKLAND PARK  
400  
OAKLAND PARK, FL 33311

**Current Mailing Address:**

799 NW 13TH ST  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** 27-3068182      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PAULK, VERONICA J  
799 NW 13TH ST  
FORT LAUDERDALE, FL 33311      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:** PAULK, VERONICA  
**Address:** 799 NW 13TH ST  
**City-St-Zip:** FORT LAUDERDALE, FL 33311

**Title:** MGR  
**Name:** NESBITT, BERNARD C SR  
**Address:** 799 NW 13TH ST  
**City-St-Zip:** FORT LAUDERDALE, FL 33311

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: VERONICA PAULK

MGRM

02/22/2011

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