

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083671

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** KANDY'S HAIR STUDIO, LLC

**Current Principal Place of Business:**

204 NORTH MAIN  
CHIEFLAND, FL 32626

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 443  
CHIEFLAND, FL 32644

**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:**

MCCALLUM, KANDY  
204 NORTH MAIN  
CHIEFLAND, FL 32626 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:** MCCALLUM, KANDY  
**Address:** PO BOX 443  
**City-St-Zip:** CHIEFLAND, FL 32644

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:** KANDY MCCALLUM

MGRM

03/01/2011

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