

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000089780

**FILED  
Apr 27, 2011  
Secretary of State**

**Entity Name:** HAIR RAIZERS SALON L.L.C.

**Current Principal Place of Business:**

5721 AVISTA DR.  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

5721 AVISTA DR.  
SARASOTA, FL 34243

**New Mailing Address:**

FEI Number: 01-0976880      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FIPPS, CHARITY H  
5721 AVISTA DR.  
SARASOTA, FL 34243      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: SMITHERS, ALEXANDER P  
Address: 5721 AVISTA DR.  
City-St-Zip: SARASOTA, FL 34243

Title: MGRM  
Name: FIPPS, CHARITY H  
Address: 5721 AVISTA DR.  
City-St-Zip: SARASOTA, FL 34243

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: ALEXANDER P. SMITHERS      MGRM      04/27/2011

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