

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000132477

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

**Entity Name:** SOUTHERN STYLE HAIR SALON LLC

**Current Principal Place of Business:**

8585 SW HWY 200  
SUITE 13  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

8585 SW HWY 200  
SUITE 13  
OCALA, FL 34481

**New Mailing Address:**

385 SW 73RD STREET ROAD  
OCALA, FL 34476

**FEI Number:** 27-4499000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAWLEY, DONNA J  
385 SW 73 STREET ROAD  
OCALA, FL 34476 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:** HAWLEY, DONNA J  
**Address:** 385 SW 73 STREET ROAD  
**City-St-Zip:** Ocala, FL 34476

**Title:** MGRM  
**Name:** HAWLEY, RONALD  
**Address:** 385 SW 73 STREET ROAD  
**City-St-Zip:** Ocala, FL 34476

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:** DONNA J HAWLEY

MGMR

02/26/2011

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