

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000019582

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** SMOOCHES HAIR STUDIO LLC

**Current Principal Place of Business:**

8110 LEM TURNER ROAD  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.. BOX 62134  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 27-5008954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN-WALKER, SHALONDA  
9217 RIDGE BLVD  
JACKSONVILLE, FL 32208 US

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

BROWN-WALKER, SHALONDA  
1221 BRIDIER STREET  
JACKSONVILLE, FL 32206 US

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:** SHALONDA BROWN-WALKER

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MAHONE-DAVIS, PHITINA  
**Address:** 8922 RIBAUT AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32208

**Title:** MGRM  
**Name:** TURNER, TIFFANIE  
**Address:** 8922 RIBAUT AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32208

**Title:** MGRM  
**Name:** DAVIS, JALAAL  
**Address:** 8922 RIBAUT AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32208

**Title:** MGRM  
**Name:** BROWN-WALKER, SHALONDA  
**Address:** 1221 BRIDIER STREET  
**City-St-Zip:** JACKSONVILLE, FL 32206

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:** SHALONDA BROWN-WALKER

MGRM

04/27/2012

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