

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000078717

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** THE HAIR LOFT, "L.L.C."

**Current Principal Place of Business:**

801 S. WASHINGTON STREET  
PERRY, FL 32347

**New Principal Place of Business:**

**Current Mailing Address:**

JOE OR LORI VANN / THE HAIR LOFT LLC  
9388 ALTON WENTWORTH ROAD  
GREENVILLE, FL 32331

**New Mailing Address:**

**FEI Number:** 45-2767629      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VANN, JOE  
9388 ALTON WENTWORTH ROAD  
GREENVILLE, FL 32331 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:** VANN, JOE OWNER  
**Address:** 9388 ALTON WENTWORTH ROAD  
**City-St-Zip:** GREENVILLE, FL 32331

**Title:** MGRM  
**Name:** VANN, LORI OWNER  
**Address:** 9388 ALTON WENTWORTH ROAD  
**City-St-Zip:** GREENVILLE, FL 32331

**Title:** MGR  
**Name:** THOMPSON, LEANN  
**Address:** 106 CHERYL DRIVE  
**City-St-Zip:** PERRY, FL 32347

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: JOE VANN

MGRM

01/04/2012

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