

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000130243

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** HAIR BY CATHY FILSON LLC

**Current Principal Place of Business:**

1120 PINE OAK CIRCLE  
NICEVILLE, FL 32578

**New Principal Place of Business:**

113 BAILEY DR.  
SUITE 3  
NICEVILLE, FL 32578

**Current Mailing Address:**

1120 PINE OAK CIRCLE  
NICEVILLE, FL 32578

**New Mailing Address:**

1120 PIN OAK CIRCLE  
NICEVILLE, FL 32578

**FEI Number:** 80-0791630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** MGR  
**Name:** FILSON, CATHY  
**Address:** 1120 PIN OAK CIRCLE  
**City-St-Zip:** NICEVILLE, FL 32578

**Title:** S  
**Name:** FILSON, CATHY  
**Address:** 1120 PIN OAK CIRCLE  
**City-St-Zip:** NICEVILLE, FL 32578

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:** CATHY FILSON

MGR

03/22/2012

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