

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000613

FILED
Mar 19, 2007
Secretary of State

Entity Name: HAIR CUTTERY OF NORTH FLORIDA, L.C.

Current Principal Place of Business:

1577 SPRING HILL ROAD
500
VIENNA, VA 22182

New Principal Place of Business:

Current Mailing Address:

1577 SPRING HILL ROAD
500
VIENNA, VA 22182

New Mailing Address:

FEI Number: 54-1807879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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 () Delete
Name: SCOTO, INC.,
Address: 5150 BRIDLEWOOD COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: DIMPLES, INC.,
Address: 1577 SPRING HILL ROAD, SUITE 500
City-St-Zip: VIENNA, VA 22182

Title: MGRM () Delete
Name: CREATIVE HAIRDRESSER, S, INC.
Address: 1577 SPRING HILL ROAD, SUITE 500
City-St-Zip: VIENNA, VA 22182

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MR. DENNIS RATNER

MGRM

03/19/2007

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