


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 29, 2008 8:00 am**  
**Secretary of State**

08-01-2008 90004 023 \*\*\*538.75

<b>DOCUMENT # M07000001068</b>			
1. Entity Name <b>SALLY BEAUTY SUPPLY LLC</b>			
Principal Place of Business 3001 COLORADO BLVD DENTON, TX 76210		Mailing Address 3001 COLORADO BLVD DENTON, TX 76210	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.		4. FEI Number <b>36-2683258</b>	
SIGNATURE _____		Applied For <input type="checkbox"/> Not Applicable	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing)		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>		Make check payable to Florida Department of State	
<b>D. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SALLY HOLDINGS LLC 3001 COLORADO BLVD DENTON, TX 76210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Kevin Johnson</i>		Date: <i>7/29/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: <i>940-898-7300</i>	



PAYROLL ADMINISTRATION

AUG 25 2008

RECEIVED