

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001012

FILED  
Sep 16, 2009  
Secretary of State

Entity Name: AMERICAN HAIR DESIGNERS, LLC

**Current Principal Place of Business:**

14545 S. MILITARY TRAIL  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

14545 S. MILITARY TRAIL  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 26-1466613      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

RAMIREZ, HERNAN  
14545 S. MILITARY TRAIL  
DELRAY BEACH, FL 33484      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: RAMIREZ, HERNAN  
Address: 3938 PARK LANE  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: MGRM      ( ) Delete  
Name: LOUKINEN, DAMARIS N  
Address: 3938 PARK LANE  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES:**

Title: P      (X) Change ( ) Addition  
Name: RAMIREZ, HERNAN  
Address: 3938 PARK LANE  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VIC      (X) Change ( ) Addition  
Name: LOUKINEN, DAMARIS N  
Address: 3938 PARK LANE  
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby certify that the information supplied with this filing does not qualify 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: HERNAN RAMIREZ

P

09/16/2009

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