

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000012725

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Entity Name:** SALON D' SARA & DAY SPA, LLC.

**Current Principal Place of Business:**

26455 OLD US 41 ROAD  
13-2  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 366125  
BONITA SPRINGS, FL 34136 US

**New Mailing Address:**

**FEI Number:** 74-2990557      **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:**

FALCONE, SARA I MGRM  
26455 OLD US 41 ROAD  
13-2  
BONITA SPRINGS, FL 34135 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  
**Name:** FALCONE, SARA I  
**Address:** 26455 OLD US 41 ROAD  
**City-St-Zip:** BONITA SPRINGS, FL 34135

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: SARA I FALCONE

MGRM

05/02/2010

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