## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF

## Apr 23, 2008 8:00 am Secretary of State DOCUMENT # L07000029611 04-23-2008 90129 024 \*\*\*138.75 SALON PARK WEST, LLC Principal Place of Business Mailing Address 10614 53RD AVENUE NORTH 10614 53RD AVENUE NORTH ST. PETERSBURG, FL 33708 ST. PETERSBURG, FL 33708 60027477 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2997 PARK BLUD 2997 PARK BLUD, Suite, Apt. #, etc. Suite, Apt. #, etc. 03262008 Chg-LLC CR2E083 (12/06) STE STE Applied For 4. FE! Number City & State Čitv & State MLE SEN <u> 15- 3236377</u> SEIMINDL Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired PINELLAS 33776-36 PINELLAS Fee Required <u> 33776-363</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALDRICH, ERIN L Street Address (P.O. Box Number is Not Acceptable) 10614 53RD AVENUE NORTH ST. PETERSBURG, FL 33708 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. SIGNATURE Signature, typod or prested name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change · ☐ Addition NAME ALDRICH, ERIN L NAME STREET ADDRESS 10614 53RD AVENUE NORTH STREET ADDRESS ST. PETERSBURG, FL 33708 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 📆 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 cath; 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.

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Daytime Phone #