

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085092

FILED
Apr 28, 2008
Secretary of State

Entity Name: SALON SPA UTOPIA, LLC

Current Principal Place of Business:

7846 WILDES ROAD
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

7846 WILES ROAD
CORAL SPRINGS, FL 33067 US

Current Mailing Address:

7846 WILDES ROAD
CORAL SPRINGS, FL 33067 US

New Mailing Address:

7846 WILES ROAD
CORAL SPRINGS, FL 33067 US

FEI Number: 26-0752739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST. SUITE 500
ORLANDO, FL 32804 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: MILLER, JENNIFER
Address: 7846 WILDES ROAD
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: MGRM () Delete
Name: VERSOSKY, WILLIAM
Address: 16601 SAPPHIRE MANOR
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, JENNIFER
Address: 16601 SAPPHIRE MANOR
City-St-Zip: WESTON, FL 33331 US

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

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: WILLIAM VERSOSKY

MGRM

04/28/2008

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