

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000012823

1. Entity Name
SALON TRIO, L.L.C.



Principal Place of Business
**12515 SOUTH DIXIE HIGHWAY
MIAMI, FL 33156**

Mailing Address
**12515 SOUTH DIXIE HIGHWAY
MIAMI, FL 33156**



01232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1051958

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRONGOLD, RANDI M ESQ.
% KRONGOLD, TODD & SINGER, P.L.
201 ALHAMBRA CIRCLE, SUITE 801
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000607608
01/31/07-80045-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
TEJERA, NANCY
7290 SW 140 TERRACE
MIAMI, FL 33158**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DIEGO, JENNIFER P
18701 SW 94 AVENUE
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WORTON, MARY K
16600 SW276 ST.
HOMESTEAD, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Mary K Worton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/25/07

Date

305-251-9145

Daytime Phone #