

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000012725

**FILED**  
**Aug 31, 2012**  
**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 ( )**

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

FALCONE, SARA I MGRM  
26455 OLD US 41 ROAD  
13-2  
BONITA SPRINGS, FL 34135 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  
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 FALCONE

MGRM

08/31/2012

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