

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90293 021 ****50.00

DOCUMENT # L02000024310

1. Entity Name

SALON CROI, LLC



Principal Place of Business

**1245 SOUTH MYRTLE AVENUE
CLEARWATER FL 33756**

Mailing Address

**1245 SOUTH MYRTLE AVENUE
CLEARWATER FL 33756**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E083 (11/03)

4. FEI Number

68-0521415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GULECAS, JAMES F ESQ
2555 ENTERPRISE ROAD, SUITE 15
CLEARWATER FL 33763**

Name

Street Address (P.O. Box Number is Not Acceptable)

ADDRESS CHANGE.

1968 BAYSHORE BLVD.

City

DUNEDIN, FL

FL

Zip Code

34698

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MCCULLEY-CROI, MONIQUE**
STREET ADDRESS **1245 SOUTH MYRTLE AVENUE**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

Monique McCulley-Croi **Monique McCulley-Croi** 2/26/2004 727-447-2244.