

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90068 010 ****50.00

DOCUMENT # *L0200024870*

1. Entity Name

Artisan Salon and Spa LLC

DO NOT WRITE IN THIS SPACE

24031527

2. Principal Place of Business
1305 Paul Russell Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State

4. FEI Number
75-3081201

Applied For
Not Applicable

Zip
32301

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Cheryl Ann Moody

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

10907 Military Trail

**DO NOT WRITE
IN THIS SPACE**

City
Tallahassee

FL Zip Code
32305

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Cheryl Moody
10907 Military Trail
Tallahassee, FL 32305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Pamela Musgrove
10941 Military Trail
Tallahassee, FL 32305

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IN THIS SPACE**

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:

Pamela Musgrove

3-23-04 (850)878-7722

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

Date

Daytime Phone #

CFR2E083B (12/02)