


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90338 041 \*\*\*138.75

<b>DOCUMENT # L02000026289</b> 1. Entity Name <b>HIGH MAINTENANCE SALON &amp; DAY SPA, L.L.C.</b>					
Principal Place of Business <b>4206 DEL PRADO BLVD. CAPE CORAL, FL 33904</b>			Mailing Address <b>4206 DEL PRADO BLVD. CAPE CORAL, FL 33904</b>		
2. Principal Place of Business - No P.O. Box # <b>5785 Cape Harbour Dr.</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. <b>STE. 205</b>		Suite, Apt. #, etc. 			
City & State <b>Cape Coral, FL</b>		City & State 		4. FEI Number <b>48-1291721</b>	
Zip <b>33914</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARRIS, MELISSA 4206 DEL PRADO BLVD. CAPE CORAL, FL 33904</b>			7. Name and Address of New Registered Agent Name <b>Melissa Garris</b> Street Address (P.O. Box Number is Not Acceptable) <b>5785 Cape Harbour Drive</b> <b>Suite 205</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33914</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARRIS, MELISSA 4206 DEL PRADO BLVD. CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRISTANTIello, JOSEPHINE M 4206 DEL PRADO BLVD. CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete			
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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: <u>Melissa Garris</u> <u>Melissa Garris</u> <u>3/7/08</u> <u>239-549-9211</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

60013650



01092008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
 Name **Melissa Garris**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5785 Cape Harbour Drive**  
**Suite 205**  
 City **Cape Coral** **FL** Zip Code **33914**

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SIGNATURE: Melissa Garris Melissa Garris 3/7/08 239-549-9211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #