


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000000575**


1. Entity Name  
**CATHY'S BOULEVARD SALON, LLC**



Principal Place of Business      Mailing Address

2102 SOUTH RIDGEWOOD AVENUE, UNIT 18      2102 SOUTH RIDGEWOOD AVENUE, UNIT 18  
 EDGEWATER, FL 32141      EDGEWATER, FL 32141

**DO NOT WRITE IN THIS SPACE**



07172007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
**05-0545528**      Not Applicable

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

6. Name and Address of Current Registered Agent

**KASPER, CATHERINE**  
 2102 SOUTH RIDGEWOOD AVENUE, UNIT 18  
 EDGEWATER, FL 32141

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

000000769778  
 07/20/07-80004-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KASPER, CATHERINE J
STREET ADDRESS	3566 OMNI CIR
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Catherine J. Kasper*      7-16-07 (386) 423-5754

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #