


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90105 018 *****50.00

DOCUMENT # L03000008911			
1. Entity Name ROSA'S BEAUTY SALON LLC			
Principal Place of Business 1155 S.E HWY 484 OCALA FL 34480		Mailing Address 1155 S.E HWY 484 OCALA FL 34480	
2. Principal Place of Business 1144 SE HWY 484		3. Mailing Address 1144 SE HWY 484	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34480	Country U.S.A.	Zip 34480	Country U.S.A.

24009650



MOORE CR2E083 (11/03)

4. FEI Number 37-1460752		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MCKIBBIN, CLAUDIA 2929 N.E 106TH STREET ANTHONY FL 32617		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Claudia McKibbin 4-5-04 (352) 307-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #