

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90037 011 ****55.00

DOCUMENT # L03000021076

1. Entity Name
KOJI SALON, LLC



Principal Place of Business
**SUITE 409
601 NORTH CONGRESS AVENUE
DELRAY BEACH, FL 33445**

Mailing Address
**5220 BENJAMIN AVENUE
BOYNTON BEACH, FL 33437**

20019790



2. Principal Place of Business
601 N. Congress Ave.

3. Mailing Address

Suite/Apt. #, etc.
409

Suite, Apt. #, etc.

02142005 Chg-LLC CR2E083 (10/03)

City & State
Delray Beach FL

City & State

4. FEI Number
20-1195193

Applied For
Not Applicable

Zip
33445

Country
U.S.A

Zip

Country

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

**BALLERANO, JAMES A JR.
1201 GEORGE BUSH BLVD.
DELRAY BEACH, FL 33483-7203**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **GRACE, KHADIJEH R**
STREET ADDRESS **5220 BENJAMIN AVENUE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

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: Kh. R. Grace

3-7-05

561-921-0182

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

Date

Daytime Phone #

Khadijah R. Grace