

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000025951

1. Entity Name
TAJ SALON, LLC



Principal Place of Business
1733 TIFFANY PINES DRIVE
JACKSONVILLE, FL 32225

Mailing Address
1733 TIFFANY PINES DRIVE
JACKSONVILLE, FL 32225

DO NOT WRITE IN THIS SPACE



04292006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0101772

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIS, TRUDY
2375 ST. JOHNS BLUFF ROAD SOUTH #104
JACKSONVILLE, FL 32246

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IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIS, TRUDY 1733 TIFFANY PINE W DRIVE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREANTA FELLOW, DIANE 11620 THORNAPPLE DRIVE JACKSONVILLE, FL 32223
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05/19/06-80064-025 50.00

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IN THIS SPACE**

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: TRUDY WILLIS

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

Date

Daytime Phone #