

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000038804

1. Entity Name
THE MANE STOP SALON AND SPA, LLC



Principal Place of Business
243 PLUMOSA AVENUE
MERRITT ISLAND, FL 32953

Mailing Address
6761 CECIL ROAD
COCOA, FL 32927



03032005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0709336

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIGGS, TERESA
6761 CECIL ROAD
COCOA, FL 32927

**DO NOT WRITE
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 TERESA RIGGS
Signature, typed or printed name of registered agent and title if applicable

Serena Riggs
(NOTE: Registered Agent signature required for all registrations)

x 3/11/05
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUNDE, CLARA
2002 MUCKINGUM AVENUE
COCOA, FL 32926

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RIGGS, TERESA
6761 CECIL ROAD
COCOA, FL 32927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PARSONS, TRACY
1339 NELSON CT.
ROCKLEDGE, FL 32956

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000267381
03/17/05-80085-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Clara Gunde CLARA GUNDE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/11/05
Date

Daytime Phone #