


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90257 009 ****50.00

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
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20047368



03102006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0709336	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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 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	

DO NOT WRITE 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: Clara Gunde CLARA GUNDE 4/18/06 321-449-9393

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