

**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

**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 ☐

**\$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

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  
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**

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

*4/18/06*  
Date

*321-449-9393*  
Daytime Phone #