

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038804

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE MANE STOP SALON AND SPA, LLC

Current Principal Place of Business:

243 PLUMOSA AVENUE
MERRITT ISLAND, FL 32953

New Principal Place of Business:

243 NORTH PLUMOSA STREET
MERRITT ISLAND, FL 32953

Current Mailing Address:

6761 CECIL ROAD
COCOA, FL 32927

New Mailing Address:

243 NORTH PLUMOSA STREET
MERRITT ISLAND, FL 32953

FEI Number: 02-0709336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIGGS, TERESA
6761 CECIL ROAD
COCOA, FL 32927 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUNDE, CLARA
Address: 2002 MUCKINGUM AVENUE
City-St-Zip: COCOA, FL 32926

Title: MGRM () Delete
Name: RIGGS, TERESA
Address: 6761 CECIL ROAD
City-St-Zip: COCOA, FL 32927

Title: MGRM () Delete
Name: PARSONS, TRACY
Address: 1339 NELSON CT.
City-St-Zip: ROCKLEDGE, FL 32956

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TERESA RIGGS

MGRM

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date