

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000040045

1. Entity Name
THE APOTHECARY AT SALON MONTAGE, LLC



Principal Place of Business

**5890 STIRLING RD.
HOLLYWOOD, FL 33012**

Mailing Address

**5890 STIRLING RD.
HOLLYWOOD, FL 33012**

DO NOT WRITE IN THIS SPACE



01202005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
30-0209586

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FISCHER, REBECCA H ESQ
ONE OAKWOOD BLVD., STE. 250
HOLLYWOOD, FL 33020**

**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, 2005**

000000314268
04/18/05-80160-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SUSKIND, LAURIE
STREET ADDRESS	3541 N. 55TH AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	MGRM
NAME	SHAMBORA, RICKI
STREET ADDRESS	3020 N. 34TH ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: _____

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

Date

Daytime Phone #

4/15/05