

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90019 039 ****50.00

DOCUMENT # L04000006716

1. Entity Name

RED HOTS A SALON, LLC



Principal Place of Business

3640 SHAMROCK WEST
TALLAHASSEE FL 32308

Mailing Address

3640 SHAMROCK WEST
TALLAHASSEE FL 32308



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0495006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CAPECE~~
WEEKS, JOSELYN P
3640 SHAMROCK WEST
TALLAHASSEE FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM ☐ Delete
STREET ADDRESS HOLLAR, JANA S
CITY-ST-ZIP 8919 ROYAL PALM WAY
TALLAHASSEE FL 32309

TITLE
NAME Jana M. Shields ☒ Change ☐ Addition
STREET ADDRESS 2919 Royal Palmway
CITY-ST-ZIP 32309

TITLE
NAME MGRM ☐ Delete
STREET ADDRESS CAPECE, JOSELYN P.
CITY-ST-ZIP 8880 EAGLE RIDGEWAY
TALLAHASSEE FL 32312

TITLE
NAME JOSELYN CAPECE ☒ Change ☐ Addition
STREET ADDRESS 867 Hill Roost Rd
CITY-ST-ZIP 32312

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

4/29/06 850
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