2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# L04000006716

Entity Name: RED HOTS A SALON, LLC

Current Principal Place of Business:

1784 THOMASVILLE RD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1784 THOMASVILLE RD
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 51-0495006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPERE, JOSCELYN P
3640 SHAMROCK WEST
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

CAPECE, JOSCELYN P
867 HILROOST DRIVE
TALLAHASSEE, FL 32308 US

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: JOSCELYN CAPECE 07/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHIELDS, JANA M
Address: 1819 WATES DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete
Name: CAPECE, JOSCELYN
Address: 867 HILL ROOST ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SHIELDS, JANA M
Address: 1819 WALES DR
City-St-Zip: TALLAHASSEE, FL 32303

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: JANA SHIELDS MGRM 07/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date