

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000009261

1. Entity Name
CARRIAGE HOUSE SALON, LLC



Principal Place of Business
420 EAST CALL STREET
TALLAHASSEE, FL 32301

Mailing Address
420 EAST CALL STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
06-1716722

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, FRED F JR., ESQ
101 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KEEL, MARINA
420 EAST CALL STREET
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHIVER, GAYLON
420 EAST CALL STREET
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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01/09/07-80027-020 50.00

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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 606, Florida Statutes.

SIGNATURE: *[Signature]*

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

Date

Daytime Phone #

1/05/07 850-224-5444