

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	
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Principal Place of Business 420 EAST CALL STREET TALLAHASSEE, FL 32301	Mailing Address 420 EAST CALL STREET TALLAHASSEE, FL 32301
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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 <input type="checkbox"/>	\$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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

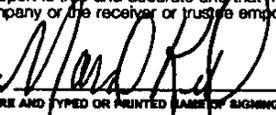
9. MANAGING MEMBERS/MANAGERS

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	

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 01/09/07-80027-020 50.00

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 608, Florida Statutes.

SIGNATURE:  **1/05/07 850-224-5444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #