### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L04000009261

1. Entity Name
CARRIAGE HOUSE SALON, LLC



FILED
Jan 24, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

420 EAST CALL STREET TALLAHASSEE, FL 32301

420 EAST CALL STREET TALLAHASSEE, FL 32301



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
06-1716722

Applied For
Not Applicable

5. Certificate of Status Desired
Fee Required
Fee Required

### DO NOT WRITE IN THIS SPACE

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

	ove named entity submits this statement for the purpose of chargations of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATUR	7E		
	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FI CAfter M	LE NOW!!  FEE IS \$138.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	• •	
NAME	KEEL, MARINA		

TITLE MGRM

NAME KEEL, MARINA

STREET ADDRESS
CITY-ST-ZIP
TALLAHASSEE, FL 32301

ITTLE MGRM

NAME SHIVER, GAYLON

STREET ADDRESS
CITY-ST-ZIP
TALLAHASSEE, FL 32301

TITLE

NAME
STREET ADDRESS
TALLAHASSEE, FL 32301

U00000794576 01/28/08-80013-014 138.75

# DO NOT WRITE IN THIS SPACE

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

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

1122/08

850-224-544

Daytime Phone #