

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90030 019 ****50.00

DOCUMENT # L04000012171

1. Entity Name

ROMA SALON, LLC



Principal Place of Business

1 S. ORLANDO AVE
COCOA BEACH FL 32931

Mailing Address

1 S. ORLANDO AVE
COCOA BEACH FL 32931



2. Principal Place of Business

805 North Atlantic Ave

3. Mailing Address

200 North First St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Cocoa Beach FL

City & State

Cocoa Beach FL

4. FEI Number

01-0806358

Applied For

Not Applicable

Zip

32931

Country

Brevard

Zip

32931

Country

Brevard

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name
Marilyn A. Rigerman

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

City
Cocoa Beach FL Zip Code
32931

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

Marilyn A. Rigerman Marilyn A. Rigerman, Accountant 2-2-06
Signature, typed or printed name of registered agent and date 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HUGHES, VICKI
805 N ATLANTIC AVE
COCOA BEACH FL 32931 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PARKER, TRUCI
805 W ATLANTIC AVE
COCOA BEACH FL 32931 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Vicki Hughes

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

4-21-06 321-784-2990

Date

Daytime Phone #