


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jun 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000012449

1. Entity Name
DAVINCI SALON & SPA, LLC



Principal Place of Business 10027 SAN JOSE BLVD. JACKSONVILLE, FL 32257	Mailing Address 10027 SAN JOSE BLVD. JACKSONVILLE, FL 32257
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DO NOT WRITE IN THIS SPACE



05312006No Chg-LLC CR2E083 (11/05)

4. FEI Number 73-1694843	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

**SHIVER, LINDA J
1775 DOCKSIDE DRIVE
ORANGE PARK, FL 32003**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIVER, LINDA J 1775 DOCKSIDE DRIVE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIVER, ELBERT L 1775 DOCKSIDE DRIVE ORANGE PARK, FL 32003
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06/13/06-80004-007 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 608, Florida Statutes.

SIGNATURE Linda J. Shiver Managing Member 5/31/06 904/215-9739

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