

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

09-01-2005 90051 020 \*\*\*\*50.00

**DOCUMENT # L04000026816**

1. Entity Name  
**PALM AVENUE SALON, LLC**



Principal Place of Business  
**118 SOUTH PALM AVENUE  
PALATKA, FL 32177**

Mailing Address  
**PO BOX 248  
SAN MATEO, FL 32187**

**40007300**

2. Principal Place of Business

3. Mailing Address

**118 SOUTH PALM AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



05152005 Chg-LLC CR2E083 (10/03)

City & State

City & State  
**PALATKA FL 32177**

4. FEI Number  
**200975853**

Applied For  
Not Applicable

Zip

Country

Zip  
**32177**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**FAGAN, LISA D  
116 WEERTS ROAD  
SAN MATEO, FL 32187**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
FAGAN, LISA D  
116 WEERTS ROAD  
SAN MATEO, FL 32187** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
FAGAN, MOLLY A  
112 WEERTS ROAD  
SAN MATEO, FL 32187** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
FAGAN, JANET I  
110 WEERTS ROAD  
SAN MATEO, FL 32187** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

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

Date

Daytime Phone #

**8/25/05**