

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000030334

1. Entity Name
SALON LABREA, LLC



Principal Place of Business
1479 CADES BAY AVE
JUPITER, FL 33458 US

Mailing Address
1479 CADES BAY AVE
JUPITER, FL 33458 US



02022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2441861

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELISI, MARTIN V
2000 PLA BLVD
SUITE 3206
PALM BEACH GARDENS, FL 33408

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REINEK, LINDA
STREET ADDRESS	3518 COMMUNITY DRIVE
CITY- ST- ZIP	JUPITER, FL 33458
TITLE	MGR
NAME	TRANCHINA, VERONICA J
STREET ADDRESS	3518 COMMUNITY DR
CITY- ST- ZIP	JUPITER, FL 33458
TITLE	MGR
NAME	WOODSIDE, KATHY LYNN
STREET ADDRESS	205 MOLDOFF ROAD
CITY- ST- ZIP	GLASSBORO, NJ 08028
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000943936
05/29/08-80080-009 138.75

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IN THIS SPACE**

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

April 30, 08 624-4990
Date Daytime Phone #