2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 01, 2008 8:00 am Secretary of State

Principal Place of Business	1. Entity Name SALON SUCCESS INTERNATIONAL, LLC							08-01-20	08 90004	012 ***	'538.75
Suite, Apt. 4, etc. Suite, Apt. 4, FEI Number 20-2640125 Applied For New Applicable City A State Applied For 20-2640125 Applied For New Applicable City Apt. 4, FEI Number 20-2640125 Applied For New Applicable City Apt. 4, FEI Number 20-2640125 Applied For New Applicable City Applied For New Appl	3001 COLORADO BLVD			ATTN: TAX DEPT PO BOX 90220							
City & State Coy & State	2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Zip	Suite, Apt. #, etc.			Suite, Apt. #, etc.			07152008	Chg-LLC	CR2E083	3 (12/06)	
Country Zip	City & State			City & State							
Name Street Address (P.O. Box Number is Not Acceptable)	Zip Country		Zip Count		try	<u> </u>			5.00 Add	ditional	
City Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current F	egistered Agent			<u> </u>				
Street Address (P.O. Box Number is Not Acceptable)	0.7.0000	-	10007511			Name .					
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	1200 SOU	TH PINE	ISLAND ROAD		Street Address	Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$538.75	, =,		7002 1								
SIGNATURE Signature, hybrid or printed rame of registered agent and title il apolicable (AOTE Registered Agent signature required when nemetating) DATE						City FL Zip Code					
NOTE	the obligat	named entit ions of regis	ty submits this statement for tered agent.	the purpose of changing its	registere	ed office or registe	ered agent, or b	oth, in the State of Flo	orida. I am far	niliar with,	and accept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITTLE 2: MGR WINTERHALTER, GARY NAME SITRET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS	SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title il applicable. (NOTI	E: Registere	d Agent signature require	ci when reinstating)		DATE		
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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 the 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 twistee empowered to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby of indicated limited lia	certify that the on this repo	e information supplied with int is true and accurate and ny or the receiver or twistee	this filing does not qualify for that my eignature shall have embowered to execute this	the exer	mptions contained elegal effect as if a required by Char	in Chapter 119 made under oat	9, Florida Statutes, I fu th; that I am a manag a Statutes	irther certify the	nat the info or manage	rmation or of the