

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091500

Entity Name: SALON ZURIEL LLC

**FILED**  
**Feb 08, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1426 LIME STREET  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

1426 LIME STREET  
SUITE 1  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

1426 LIME STREET  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

1426 LIME STREET  
SUITE 1  
FERNANDINA BEACH, FL 32034

FEI Number: 20-2064122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITE, LINDA  
2858 LINA ROAD  
FERNANDINA BEACH, FL 32034 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WHITE, LINDA  
Address: 2858 LINA ROAD  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM ( ) Delete  
Name: WHITE, ERIC  
Address: 2858 LINA ROAD  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 WHITE

MGRM

02/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date