

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012323

Entity Name: BANANAS SALON LLC

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5240 BANK ST.  
STE 9  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

5240 BANK ST.  
STE 9  
FORT MYERS, FL 33907 US

**New Mailing Address:**

FEI Number: 20-2273810      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MACKENZIE, JODY ANN  
8556 SOUTHWIND BAY CIR.  
FORT MYERS, FL 33908 US

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/MANAGERS:**

Title: MGRM  
Name: MACKENZIE, ANGUS  
Address: 8556 SOUTHWIND BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM  
Name: MACKENZIE, JODY ANN  
Address: 8556 SOUTHWIND BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

I hereby 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: JODY MACKENZIE

MGRM

05/03/2010

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