

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026371

Entity Name: SALON @ 220 LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

2572 CR 220 - SUITE 1
VILLAGE SHOPPES AT DOCTORS INLET
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

2572 CR 220 - SUITE 1
VILLAGE SHOPPES AT DOCTORS INLET
MIDDLEBURG, FL 32068 US

New Mailing Address:

FEI Number: 83-0415348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REBAR, SHARON
2572 CR 220 - SUITE 1
VILLAGE SHOPPES AT DOCTORS INLET
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

BEAHAN, PATRICIA J MGRM
2572 CR 220 - SUITE 1
VILLAGE SHOPPES AT DOCTORS INLET
MIDDLEBURG, FL 32068 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: PATRICIA J. BEAHAN

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEAHAN, PATRICIA
Address: 2572 CR 220-STE 1
City-St-Zip: MIDDLEBURG, FL 32068

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEAHAN, PATRICIA J
Address: 2572 CR 220-STE 1
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGR () Change (X) Addition
Name: BEAHAN, JOHN F
Address: 2572 CR 220-STE1
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN F. BEAHAN

MGR

04/29/2008

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