

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033596

Entity Name: RENE'S SALON, LLC

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

1425 DEL PRADO BLVD  
A & B  
CAPE CORAL, FL 33904

## New Principal Place of Business:

2006 NW 5TH TERRACE  
CAPE CORAL, FL 33993 US

## Current Mailing Address:

1425 DEL PRADO BLVD  
A & B  
CAPE CORAL, FL 33904

## New Mailing Address:

2006 NW 5TH TERRACE  
CAPE CORAL, FL 33993 US

FEI Number: 20-2632722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASALES, RENE  
2006 NW 5TH TERR  
CAPE CORAL, FL 33993 US

## Name and Address of New Registered Agent:

CASALES, RENE  
2006 NW 5TH TERRACE  
CAPE CORAL, FL 33993 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: RENE CASALES

04/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CASALES, RENE  
Address: 2006 NW 5TH TERR  
City-St-Zip: CAPE CORAL, FL 33993

Title: MGRM (X) Delete  
Name: ARGUELLES, MIGUEL  
Address: 1905 EMBERS PRKWAY  
City-St-Zip: CAPE CORAL, FL 33993

## 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 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: RENE CASALES

MGRM

04/20/2009

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