2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# L05000045137

Entity Name: SALON ESTETICA, LLC

Current Principal Place of Business:

10435 GIBSONTON DR
RIVERVIEW, FL 33578 US

New Principal Place of Business:

Current Mailing Address:

10435 GIBSONTON DR
RIVERVIEW, FL 33578 US

New Mailing Address:

FEI Number: 72-1600944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDSAY, DORENE L
9916 ALAFIA RIVER LANE
GIBSONTON, FL 33534 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/MANAGERS:

Title:	P	( ) Delete
Name:	LINDSAY, DORENE L	
Address:	9916 ALAFIA RIVER LANE	
City-St-Zip:	GIBSONTON, FL 33534 US	
Title:	VP	( ) Delete
Name:	BUCY, AMY L	
Address:	6906 W. THONOTASASSA RD	
City-St-Zip:	PLANT CITY, FL 33565 US	
Title:	SEC	( ) Delete
Name:	BUCY, CHRISTOPHER R	
Address:	6906 W. THONOTASASSA RD	
City-St-Zip:	PLANT CITY, FL 33565 US	
Title:	T	( ) Delete
Name:	LINDSAY, RICHARD T SR	
Address:	9916 ALAFIA RIVER LN	
City-St-Zip:	GIBSONTON, FL 33534 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DOREEN L LINDSAY MGMR 03/09/2009

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