


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90022 044 \*\*\*\*50.00

<b>DOCUMENT # L05000048590</b> 1. Entity Name <b>SEDUCTION UNISEX BEAUTY SALON LLC</b>					
Principal Place of Business <b>5600 W COLONIAL DR SUITE 106 ORLANDO, FL 32808 US</b>			Mailing Address <b>313 FLYROD CIRCLE ORLANDO, FL 32825 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>04-3801034</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MICHEL, GISELENE 313 FLYROD CIRCLE ORLANDO, FL 32825</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHEL, GISELENE 313 FLYROD CIRCLE ORLANDO, FL 32825		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHEL, ERIC 313 FLYROD CIRCLE ORLANDO, FL 32825		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHEL, ERIC 313 FLYROD CIRCLE ORLANDO, FL 32825		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHEL, ERIC 313 FLYROD CIRCLE ORLANDO, FL 32825		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHEL, ERIC 313 FLYROD CIRCLE ORLANDO, FL 32825		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHEL, ERIC 313 FLYROD CIRCLE ORLANDO, FL 32825		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Gislene Michel</u>				Date: <u>4/6/06</u> Daytime Phone: <u>407-445-2249</u>	