2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000048590

1. Entity Name
SEDUCTION UNISEX BEAUTY SALON LLC

60040165

Principal Place of Business	Mailing Address
5600 W COLONIAL DR SUITE 106 ORLANDO, FL 32808 US	313 FLYROD CIRCLE ORLANDO, FL 32825 US

DO NOT WRITE IN THIS SPACE

04232007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
04-3801034	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MICHEL, GISLENE
313 FLYROD CIRCLE
ORLANDO, FL 32825

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MICHEL, GISLENE
STREET ADDRESS	313 FLYROD CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	MGRM
NAME	MICHEL, ERIC
STREET ADDRESS	313 FLYROD CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Eric Michel_   4/23/07   407-445-2241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #