

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 06, 2007 8:00 am**  
**Secretary of State**

08-06-2007 90056 032 \*\*\*\*50.00

DOCUMENT # L05000056674

1. Entity Name  
WAVES SALON & DAY SPA, LLC



Principal Place of Business  
453 SOUTH NOVA ROAD  
ORMOND BEACH, FL 32128 US

Mailing Address  
453 SOUTH NOVA ROAD  
ORMOND BEACH, FL 32128 US

000J4410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

75-3193505

Applied For

Not Applicable

Zip

Country

Zip

Country

32174-6138

32174-6138

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESKO, JASTA J  
1872 FOROUGH CIRCLE  
PORT ORANGE, FL 32128

Name

TANYA BIFULCO

Street Address (P.O. Box Number is Not Acceptable)

453 S. NOVA ROAD

City

ORMOND BEACH

FL

Zip Code

32174-6138

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.)

TANYA A BIFULCO

(NOTE: Registered Agent signature required when reinstating.)

DATE

8/1/07

Filing Fee is \$50.00  
Due by September 14, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME DESKO, JASTA J  
STREET ADDRESS 1872 FOROUGH CIRCLE  
CITY-ST-ZIP PORT ORANGE, FL 32128 ☒ Delete

TITLE MGRM  
NAME TANYA BIFULCO  
STREET ADDRESS 453 S. NOVA ROAD  
CITY-ST-ZIP ORMOND BEACH, FL 32174-6138 ☐ Change ☒ Addition

TITLE MGRM  
NAME DESKO, SEAN A  
STREET ADDRESS 1872 FOROUGH CIRCLE  
CITY-ST-ZIP PORT ORANGE, FL 32128 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

TANYA A. BIFULCO

Date

Daytime Phone #

8/1/07 386 212 4787