

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057507

Entity Name: FLAIR SALON & SPA, LLC

FILED
Jul 02, 2008
Secretary of State

Current Principal Place of Business:

9139 58TH DRIVE EAST
BRADENTON, FL 34202

New Principal Place of Business:

703 60TH COURT EAST
BRADENTON, FL 34208

Current Mailing Address:

9139 58TH DRIVE EAST
BRADENTON, FL 34202

New Mailing Address:

703 60TH COURT EAST
BRADENTON, FL 34208

FEI Number: 20-2919086 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KAKLIS, JOHN W
538 12TH STREET WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

OLER, DEBRA J
153 ALPINE CT
BRADENTON, FL 34208 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: DEBRA J. OLER

07/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CONRAD, ASHLEY E
Address: 4703 5TH AVE WEST
City-St-Zip: PALMETTO, FL 34221

Title: MGR () Delete
Name: OLER, DEBRA J
Address: 153 ALPINE CT
City-St-Zip: BRADENTON, FL 34208

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: DEBRA J. OLER

MGR

07/02/2008

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