

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90008 016 \*\*\*\*50.00

DOCUMENT # L05000117856

1. Entity Name  
SALON FIEFIE, LLC



Principal Place of Business  
648 WEST HALLANDALE BEACH BOULEVARD  
HALLANDALE, FL 33309

Mailing Address  
648 WEST HALLANDALE BEACH BOULEVARD  
HALLANDALE, FL 33309

*Address has been changed*

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
1835 NE Miami Gardens Dr  
PMB # 130



01032006 Chg-LLC CR2E083 (11/05)

City & State  
North Miami Bch

City & State  
North Miami Bch

Zip  
33179

Country  
USA

4. FEI Number  
Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent  
THE LAW OFFICE OF NYDIA MENENDEZ, LLC  
4925 SHERIDAN STREET  
SUITE 102  
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent  
Name  
The Law Office of Nydia Menendez, LLC  
Street Address (P.O. Box Number is Not Acceptable)  
2699 Stirling Road  
Suite B-200  
City  
Fort Lauderdale  
FL  
Zip Code  
33312

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE  
1/6/06

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

MGR  
FIEFIE, LINCY  
1880 NE 154TH STREET  
NORTH MIAMI BEACH, FL 33162

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #