## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000120314

Entity Name: KRISTIANNA'S SALON, LLC

FILED Oct 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1000 IMMOKALEE ROAD, SUITE #62 NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

1000 IMMOKALEE ROAD, SUITE #62 NAPLES, FL 34110

FEI Number: 59-3827188 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEFLORIO, GERALD
8472 IBIS COVE CIRCLE
NAPLES, FL 34119 US
DEFLORIO, KIMBERLEY ANN
6179 ASHWOOD LANE
NAPLES, FL 34110 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: KIMBERLEY ANN DEFLORIO 10/03/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change ( ) Addition () Delete DEFLORIO, DONNA R DEFLORIO, KIMBERLEY ANN Name: Name: Address: 8472 IBIS COVE CIRCLE Address: 6179 ASHWOOD LANE City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34110

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition Name: DEFLORIO, GERALD J Name:

 Name:
 DEFLORIO, GERALD J
 Name:

 Address:
 8472 IBIS COVE CIRCLE
 Address:

 City-St-Zip:
 NAPLES, FL 34119
 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: KIMBERLEY ANN DEFLORIO PRES 10/03/2007