## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Apr 21, 2008 8:00 am Secretary of State 04-21-2008 90326 012 \*\*\*138.75

-29-08 954-568-7676

DOCU  1. Entity Nam  H SALON		0307				04-21-2008	90326 012 ***13	8.75	
3313 NE 33	e of Business STREET RDALE, FL 33308	Mailing Address 3313 NE 33 STREET FORT LAUDERDALE, FL 33308							
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262008	Chg-LLC	CR2E083 (12/06)		
City & Stat	ө	City & State			4. FEI Num 20-40		<del></del>	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificat	e of Status Desired	□ \$5.00 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New F	Registered Agent		
2 Mark Tang				Name GAYLE HANSEN					
MEZALI, JOANNE R 3101 PORT ROYALE BLVD., #813									
	JDERDALE, FL 33308			Street Address (P.O. Box Number is Not Acceptable) # 4 - B					
				City			Zip Coo	de ,	
The above named eating submits this statement for the purpose of changing its registered.					FURT LAUDETUDALE FL 33306				
SIGNATURE	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.7		GA- E: Registere		USEN) quired when reinstating)		DATE  See check payable to a Department of State	<u>8</u>	
Aiterma	, 1, 2000 Fee Will be \$330.7					Fioria	a Department of Sta		
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEMELLI, INC. 3313 NE 33 STREET, % JOANN FORT LAUDERDALE, FL 33308			ET ADDRESS 3	NGR EMELLI, 1 313 NE 3 FORT LAUDI	NC, 3 STREET, FRDAGE, FI	# Change 90-JOANNE M 2 33308	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E B	NGRM LANCA, 11 313 NE FORT LAN	77 ( <i>T//CP</i>	□ Change T, 7°-CA4LE H FL 33308	Addition ANSEN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E //	rKR 15285TER		☐ Change		
TITLE NAME - STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1 ' '	_			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITU NAM STRE	E			☐ Change	Addition	
11. I hereby indicated limited lis	Lettify that the information supplied wit d on this report is true and accurate and ability company or the receiver of ruste	h this filing does not qualify to	or the exe	emptions contains de legal effect a	ned in Chapter 11 s if made under oa Chapter 608, Florid	9, Florida Statutes. I i th; that I am a mana	further certify that the infiging member or manag	ormation er of the	

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE GAYLE HANSEN, MANAGING MEMBER