

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000962

FILED
Jan 08, 2007
Secretary of State

Entity Name: HOUSE OF BEAUTY SPA & SALON, LLC

Current Principal Place of Business:

10 S.E. 10TH AVE
CAPE CORAL, FL 33990

New Principal Place of Business:

3822 BROADWAY
SUITE A
FT. MYERS, FL 33901

Current Mailing Address:

10 S.E. 10TH AVE
CAPE CORAL, FL 33990

New Mailing Address:

3822 BROADWAY
FT. MYERS, FL 33901

FEI Number: 20-4165664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBILE, JOHN A
10 S.E. 10TH AVE.
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOBILE, JOHN A
Address: 10 S.E. 10TH AVE.
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGRM () Delete
Name: NOBILE, CONNIE A
Address: 10 S.E. 10TH AVE.
City-St-Zip: CAPE CORAL, FL 33990 US

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 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: JOHN A. NOBILE

MR.

01/08/2007

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