

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004278

FILED
Apr 29, 2008
Secretary of State

Entity Name: FRANKO'S SALON FOR YOU , LLC

Current Principal Place of Business:

1202 PINE ISLAND ROAD
CAPE CORAL, FL 33909 US

New Principal Place of Business:

Current Mailing Address:

1202 PINE ISLAND ROAD
CAPE CORAL, FL 33909 US

New Mailing Address:

FEI Number: 20-4098636 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MATA, RUTH B
602 NW 7TH ST
CAPE CORAL, FL 33993 US

Name and Address of New Registered Agent:

MATA, RUTH B
1156 SANTA BARBARA BLVD NORTH
CAPE CORAL, FL 33993 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: RUTH B MATA

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MATA, RUTH B
Address: 602 NW 7TH ST
City-St-Zip: CAPE CORAL, FL 33993 US

Title: MGRM () Delete
Name: MATA, BETHANIA M
Address: 602 NW 7TH ST
City-St-Zip: CAPE CORAL, FL 33993 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MATA, RUTH B
Address: 1156 SANTA BARBARA BLVD NORTH
City-St-Zip: CAPE CORAL, FL 33993 US

Title: MGRM (X) Change () Addition
Name: MATA, BETHANIA M
Address: 1156 SANTA BARBARA BLVD NORTH
City-St-Zip: CAPE CORAL, FL 33993 US

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: RUTH B MATA

MGRM

04/29/2008

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