

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000005443**

1. Entity Name  
**N2U SALON & SPA LLC**



Principal Place of Business  
**8738 STATE RD. 70 E  
BRADENTON, FL 34202 US**

Mailing Address  
**8738 STATE RD. 70 E  
BRADENTON, FL 34202 US**



01172008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-4318688</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**KRAFT, IRIS  
7210 SWITCHGRASS TRAIL  
BRADENTON, FL 34202**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000791600

01/23/08 00001 023 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HYER, ROSETTA 7708 49TH AVE E BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRAFT, IRIS 7210 SWITCHGRASS TRAIL BRADENTON, FL 34202
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IN THIS SPACE**

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:** \_\_\_\_\_

*IRIS KRAFT*  
**IRIS KRAFT**

*1/17/08*

*941 755-5350*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #