


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90184 042 \*\*\*\*50.00

DOCUMENT # L06000008720					
1. Entity Name <b>MILVIAN SALONS, L.L.C.</b>					
Principal Place of Business <b>1535 EDDY STREET MERRITT ISLAND, FL 32952-5732</b>			Mailing Address <b>1535 EDDY STREET MERRITT ISLAND, FL 32952-5732</b>		
2. Principal Place of Business - No P.O. Box # <b>2275 N. Courtenay Pkwy.</b>		3. Mailing Address <b>2832 Green Ridge Cir</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Merritt Island FL</b>		City & State <b>Merritt Island FL</b>		4. FEI Number <b>14-1946848</b>	
Zip <b>32953</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required.	
6. Name and Address of Current Registered Agent  <b>CHAPMAN, MILVIAN 1535 EDDY STREET 2832 Green Ridge Cir. MERRITT ISLAND, FL 32952-5732 32953</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPMAN, MILVIAN INES		NAME		
STREET ADDRESS	<del>1535 EDDY STREET</del> 2832 Green Ridge Cir.		STREET ADDRESS		
CITY - ST - ZIP	MERRITT ISLAND, FL 32952-5732 - 32953		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Milvian Chapman</u>			Date: <u>3-23-07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					