2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# L06000010295

Entity Name: 1 1 2 NINE SALON & SPA, LLC

Current Principal Place of Business:

7740 PRESERVE LANE, UNIT 5
BOUGAINVILLEA CENTER
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

7820 MERIDAN COURT, CRAIG ALLARD
NAPLES, FL 34104

New Mailing Address:

7740 PRESERVE LANE, UNIT 5
BOUGAINVILLEA CENTER
NAPLES, FL 34119

FEI Number: 21-8013487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLARD, G
7820 MERIDAN COURT
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

ALLARD, G
7740 PRESERVE LANE
NAPLES, FL 34119 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: G ALLARD 01/09/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALLARD, G
Address: 7820 MERIDAN COURT
City-St-Zip: NAPLES, FL 34104

Title: MGRM ( ) Delete
Name: ALLARD, C
Address: 7820 MERIDAN COURT
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALLARD, G
Address: 7740 PRESERVE LANE
City-St-Zip: NAPLES, FL 34119

Title: MGRM (X) Change ( ) Addition
Name: ALLARD, G
Address: 7740 PRESERVE LANE
City-St-Zip: NAPLES, FL 34119

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: G ALLARD MGR 01/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date