

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90224 014 \*\*\*138.75

**DOCUMENT # L06000025294**

1. Entity Name  
**BRITTANY'S SPA SALON, LLC**



Principal Place of Business  
**6251 ARSYLE FOREST BLVD. 109  
JACKSONVILLE, FL 32244**

Mailing Address  
**6251 ARSYLE FOREST BLVD. 109  
JACKSONVILLE, FL 32244**

**60022487**



2. Principal Place of Business - No P.O. Box #  
**6251 ARSYLE FOREST BLVD** 3. Mailing Address  
**6251 ARSYLE FOREST BLVD**

Suite, Apt. #, etc.  
**109**

Suite, Apt. #, etc.  
**109**

04072008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**74-3171373**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**MARTINEZ, ESTHER  
720 TURN STONE CT. F RD  
ORANGE PARK, FL 32073**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

**4/11/08**  
DATE

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

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MOLINA, BRITTANY**  
STREET ADDRESS **2965 BRITTANY BLUFF RD**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **MGR** ☐ Delete  
NAME **MARTINEZ, ESTHER**  
STREET ADDRESS **720 TURN STONE CT.**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

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

Date

Daytime Phone #

**4/11/08 352-255-1374**