

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90305 050 ****55.00

DOCUMENT # L06000037218

1. Entity Name
BOCAUGE SALON L.L.C



Principal Place of Business
**21301 POWERLINE RD
SUITE 101
BOCA RATON, FL 33433**

Mailing Address
**21301 POWERLINE RD
SUITE 101
BOCA RATON, FL 33433**

20005101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

204-917-033

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

**KLER, SALOM
6378 BOCA CIRCLE
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name

Kler Salom Rosenberg

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

21301 Powerline Rd suite 101

City

Boca Raton

FL

Zip Code

33433

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]

Kler Salom Rosenberg Mgr.

1/15/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KLER, SALOM**
STREET ADDRESS **6378 BOCA CIRLE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Kler Salom Rosenberg**
STREET ADDRESS **21301 Powerline Rd. Suite 101**
CITY-ST-ZIP **Boca Raton FL 33433**

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

TITLE ☐ Change ☐ Addition
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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]

Kler Salom Rosenberg

1/15/07 (561)866-0566

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

Date

Daytime Phone #