

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039334

Entity Name: KARLINE'S SALON AND SPA, LLC

FILED  
Jan 19, 2007  
Secretary of State

**Current Principal Place of Business:**

6340 FOREST HILL BOULEVARD  
GREENACRES, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

6340 FOREST HILL BOULEVARD  
GREENACRES, FL 33415 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAX RECOVERY SERVICES, INC.  
429 EAST SHERIDAN STREET  
DANIA BEACH, FL 33004 US

**Name and Address of New Registered Agent:**

JOAN, ROBERTS  
6340 FOREST HILL BLVD  
GREENACRES, FL 33415 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: JOAN ROBERTS

01/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBERTS, JOAN  
Address: 9622 WORSWICK CT  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM ( ) Delete  
Name: GIBSON, TAKIYA  
Address: 1404 VILLAGE BLVD APT 1111  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: MGRM (X) Delete  
Name: WINN, KIMBERLY  
Address: 8024 BIG PINE WAY  
City-St-Zip: WEST PALM BEACH, FL 33407 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBERTS, JOAN  
Address: 6340 FOREST HILL BLVD  
City-St-Zip: GREENACRES, FL 33415 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOAN ROBERTS

MGRM

01/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date