

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040423

Entity Name: SALON TRE', LLC

FILED
Jan 07, 2007
Secretary of State

Current Principal Place of Business:

8441 STATE ROAD 54, #203
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

8351 STATE ROAD 54, #104
NEW PORT RICHEY, FL 34655

Current Mailing Address:

8441 STATE ROAD 54, #203
NEW PORT RICHEY, FL 34655

New Mailing Address:

8351 STATE ROAD 54, #104
NEW PORT RICHEY, FL 34655

FEI Number: 72-1614526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCAS, JEFF
8606 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOSTER, JENNIFER R
Address: 11046 KITTEN TRAIL
City-St-Zip: HUDSON, FL 34669

Title: MGR () Delete
Name: VALENTINE, VERONICA
Address: 7644 ARLIGHT DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGR () Delete
Name: CRIPE, PEGGY
Address: 9814 GOLDEN LOOP
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES:

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

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: PEGGY S. CRIPE

MGR

01/07/2007

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