

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90282 037 *****55.00

DOCUMENT # L06000050009

1. Entity Name

HEAD QUARTERS SALON LLC



Principal Place of Business

Mailing Address

501 MARY ESTHER CUTOFF UNIT 2
FORT WALTON BEACH FL 32548

1603 FENWICK AVE
FORT WALTON BEACH FL 32547

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

501 Mary Esther Cutoff #2

3. Mailing Address

Same

Suite, Apt. #, etc. #2

Suite, Apt. #, etc.

City & State

Fort Walton Beach, Fla.

City & State

Zip

32548

Country

OKal00sa

Zip

Country

4. FEI Number

20-487 1975

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DELEVAGA, DONNA F
1603 FENWICK AVE
FORT WALTON BEACH FL 32547

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

Donna F. de La Vega

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

(NOTE: Registered Agent signature required when reinstating)

FEB. 23, 07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DELAVEGA, DONNA F
1603 FENWICK AVE
FORT WALTON BEACH FL 32547

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Donna F. de La Vega

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

FEB. 23, 07

Date

Daytime Phone #