


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90009 028 ****50.00

DOCUMENT # L06000067659	
1. Entity Name A NEW CREATION SALON AND DAY SPA, LLC	

Principal Place of Business 2012 SMITH ST ORANGE PARK, FL 32073 US	Mailing Address 2012 SMITH ST ORANGE PARK, FL 32073 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

60054243

07262007 Chg-LLC CR2E083 (12/06)



6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET WILMINGTON, FL 32301	7. Name and Address of New Registered Agent Name <u>LORRIE Vines</u> Street Address (P.O. Box Number is Not Acceptable) <u>2012 Smith St.</u> City <u>Orange Park</u> FL <u>32073</u>
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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 Lorrie L. Vines DATE 8-2-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VINES, CHARLES M 2012 SMITH ST ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lorrie L. Vines DATE 8-2-07 DAYTIME PHONE # 904 699 2270

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