

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90156 024 \*\*\*\*50.00

<b>DOCUMENT # L06000071171</b>					
<b>1. Entity Name</b> AVANT-GARDE SALON L.L.C.					
<b>Principal Place of Business</b> 1045 S.W. 83RD WAY GAINESVILLE, FL 32607			<b>Mailing Address</b> 1045 S.W. 83RD WAY GAINESVILLE, FL 32607		
<b>2. Principal Place of Business - No P.O. Box #</b> 1226 WEST UNIVERSITY AVENUE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1226 WEST UNIVERSITY AVENUE Suite, Apt. #, etc.			
<b>City &amp; State</b> GAINESVILLE, FLORIDA		<b>City &amp; State</b> GAINESVILLE, FLORIDA		<b>4. FEI Number</b> 20-5249843	
<b>Zip</b> 32601		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MOOK, MICHAEL 1045 S.W. 83RD WAY GAINESVILLE, FL 32607			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <input type="checkbox"/> Delete <b>MOOK, MICHAEL</b> 1045 S.W. 83RD WAY GAINESVILLE, FL 32607		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <input type="checkbox"/> Delete <b>BARRON, ROBERT</b> 1045 S.W. 83RD WAY GAINESVILLE, FL 32607		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>Michael Mook</u>			<u>3-8-07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		