

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L06000073161

1. Entity Name

ADRIAN'S SALON, LLC



Principal Place of Business

16956 MCGREGOR BOULEVARD, SUITE 9
FORT MYERS FL 33908
US

Mailing Address

16956 MCGREGOR BOULEVARD, SUITE 9
FORT MYERS FL 33908
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-5249619

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROIANO, JOSEPH A ESQ.
12800 UNIVERSITY DRIVE, SUITE 380
FORT MYERS FL 33908

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
MGRM
CRUZ, ADRIANA Y
STREET ADDRESS
16956 MCGREGOR BOULEVARD, SUITE 9
CITY- ST- ZIP
FORT MYERS FL 33908

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
MGRM
CRUZ, RAFAEL A
STREET ADDRESS
16956 MCGREGOR BOULEVARD, SUITE 9
CITY- ST- ZIP
FORT MYERS FL 33908

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

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:

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

Case

Expire Date