

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000077854

Entity Name: KAREN WALLACE L.L.C.

**FILED**  
**Mar 13, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

SHADES SALON  
142 W LAKEVIEW AVENUE SUITE 1090  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

203 CRYSTALVIEW SOUTH  
SANFORD, FL 32773

**New Mailing Address:**

FEI Number: 20-5338804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALLACE, KAREN  
203 CRYSTALVIEW SOUTH  
SANFORD, FL 32773 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: MGRM  
Name: WALLACE, KAREN  
Address: 203 CRYSTALVIEW SOUTH  
City-St-Zip: SANFORD, FL 32773

I hereby 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: KAREN WALLACE

MGRM

03/13/2010

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