

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090265

Entity Name: SHAPING UP BEAUTY SALON, LLC

FILED  
Apr 29, 2007  
Secretary of State

**Current Principal Place of Business:**

419 N. MAIN STREET  
CHIEFLAND, FL 32626

**New Principal Place of Business:**

**Current Mailing Address:**

419 N. MAIN STREET  
CHIEFLAND, FL 32626

**New Mailing Address:**

FEI Number:  FEI Number Applied For (X)  FEI Number Not Applicable ( )  Certificate of Status Desired ( )

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

SANDERS, SUE D  
504 NE 162ND STREET  
CROSS CITY, FL 32628 US

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

SANDERS, SUE D  
342 NE 50TH STREET  
CROSS CITY, FL 32628 US

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: \_\_\_\_\_ 04/29/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  Delete  
Name: SANDERS, SUE D  
Address: P.O. BOX 668  
City-St-Zip: CROSS CITY, FL 32628

**ADDITIONS/CHANGES:**

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SUSAN D. SANDERS MGRM 04/29/2007  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date