

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2009 Annual Report

DOCUMENT # L06000090595

1. Limited Liability Company's Name

SPACE COAST SALONS, LLC

FILED

09 APR -7 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000148550680  
04/03/09--01004--034 \*\*238.75  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1635 Thoreau Street

Suite, Apt. #, etc.

N/A

City & State

Titusville, Florida

Zip

32780

Country

Brevard

3. Mailing Office Address

1635 Thoreau Street

Suite, Apt. #, etc.

N/A

City & State

Florida

Zip

32780

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

9/15/06

6. FEI Number

20-5545939

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SHEILA W. KING

Street Address (P.O. Box Number is Not Acceptable)

1635 Thoreau Street

Suite, Apt. #, Etc.

N/A

City

Titusville

State

FL

Zip Code

32780

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Sheila W. King

Date

3/31/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SHEILA W. KING	1635 Thoreau Street	Titusville, FL 32780
MGRM	Portia Q. Curtis	4005 GRAND MEADOWS BLVD.	MELBOURNE, FL 32934

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Sheila W. King

Date

3/31/09

Daytime Phone #

321-269-3323

Typed or printed name of signing Managing Member/Manager

SHEILA W. KING