

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097063

FILED  
Aug 11, 2007  
Secretary of State

Entity Name: SALON VIRTUAL ON LINE SERVICE, LLC

**Current Principal Place of Business:**

2499 CORDOBA BEND  
WESTON, FL 33327

**New Principal Place of Business:**

15970 W STATE ROAD 84 PMB 224  
SUNRISE, FL 33326

**Current Mailing Address:**

2499 CORDOBA BEND  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 20-5682235      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

TRAMONTE, CALOGERO  
2499 CORDOBA BEND  
WESTON, FL 33327      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: TRAMONTE, CALOGERO  
Address: 2499 CORDOBA BEND  
City-St-Zip: WESTON, FL 33327

Title: MGR      ( ) Delete  
Name: ROTUNDO, CAROLINA  
Address: 2499 CORDOBA BEND  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES:**

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

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: CALOGERO TRAMONTE

MGR

08/11/2007

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