

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098288

FILED
Feb 13, 2009
Secretary of State

Entity Name: XTATIC SALON L.L.C.

Current Principal Place of Business:

12691 MCGREGOR BLVD.
#106
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1801 TROPICANA PKWY
CAPE CORAL, FL 33993

New Mailing Address:

FEI Number: 20-5675893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, SHELBY R
1801 TROPICANA PARKWAY
CAPE CORAL, FL 33993 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: MGR () Delete
Name: PAYNE, SHELBY R
Address: 1801 TROPICANA PARKWAY
City-St-Zip: CAPE CORAL, FL 33993

Title: MGR () Delete
Name: WILKINSON, JONATHAN S
Address: 3112 S.E. 11TH AVENUE
City-St-Zip: CAPE CORAL, FL 33904

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: SHELBY PAYNE

MGR

02/13/2009

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