

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90259 002 ***138.75

DOCUMENT # L06000110612 1. Entity Name THE GRAND REVEAL SALON & SPA, LLC	
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Principal Place of Business 5620 CHERRY STREET, STE. 2 PANAMA CITY, FL 32404	Mailing Address 5620 CHERRY STREET, STE. 2 PANAMA CITY, FL 32404
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JUN080516



05092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1143737	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CANADY, DUANE 1312 PINNACLE PINES RD. PANAMA CITY, FL 32404	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

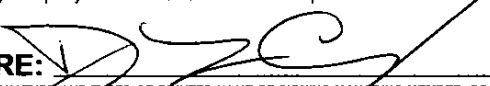
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANADY, DUANE 1312 PINNACLE PINES RD. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANADY, THERESA 1312 PINNACLE PINES RD. PANAMA CITY, FL 32404 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  5-1-08 850-914-3045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #