

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113479

FILED  
Jul 02, 2007  
Secretary of State

**Entity Name:** LAMBS EAT IVY SALON LLC

**Current Principal Place of Business:**

804 EAST WASHINGTON STREET  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

804 EAST WASHINGTON STREET  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 74-3195682      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:**

PIRILLO, LISA  
2518 WEBER STREET  
ORLANDO, FL 32803      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: PIRILLO, LISA  
Address: 804 EAST WASHINGTON STREET  
City-St-Zip: ORLANDO, FL 32801

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR      ( ) Change (X) Addition  
Name: FRASER, JILLIAN B  
Address: 804 EAST WASHINGTON STREET  
City-St-Zip: ORLANDO, FL 32801

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: LISA PIRILLO

MGR

07/02/2007

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