2008 LIMITED LIABILITY COMPANY

Aug 18, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L07000023250 08-18-2008 90050 035 ***138.75 ME SALON & DAY SPAILLC Principal Place of Business Mailing Address 1243 S. POWERLINE ROAD 2124 N.E. 5TH AVENUE POMPANO BEACH, FL 33069 US WILTON MANORS, FL 33305 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 805 Cypress Blvd. Suite, Apt. 11, etc. 08122008 Chg-LLC CR2E083 (12/06) #3// City & State Applied For City & State 4. FEI Number 74-3206951 Not Applicable ompano Beach \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Watterson, WATTERSON, MARK D Street Address (P.O. Box Number is Not Acceptable) 2124 N.E. 5TH AVENUE 805 Cypress Blud # 204 WILTON MANORS, FL 33305 Zip Code 33069 Pompano Beach 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 the obligations of registered agent. - Mark D. Watterson (NOTE: Registered Agent signature required when reinstating) SIGNATURE : e of registered agent and title if applicable. FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 Make check payable to in accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE MGRM 🗶 Change ☐ Addition Delete TITLE WATTERSON, MARK D. 805 Cypress Blud., # 3/1 WATTERSON, MARK D NAME NAME 2124 N.E. 5TH AVENUE, # 204 STREET ADDRESS STREET ADDRESS Compano Beach, FL 33069 CITY-ST-718 CITY-ST-ZIP WILTON MANORS, FL 33305 X Addition TITLE □ Delete TITLE Vu, Hung Q. 805 cyptess Blvd., #311 Pompavo Beach, FL 33069 NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED