

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023274

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** A CUTTING EDGE SALON & SPA, LLC

**Current Principal Place of Business:**

17039 SOUTH DIXIE HIGHWAY  
PALMETTO BAY, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

17039 SOUTH DIXIE HIGHWAY  
PALMETTO BAY, FL 33157 US

**New Mailing Address:**

FEI Number: 20-8549123      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:**

MUIRHEAD, ROSSLYN  
18930 FRANJO ROAD  
MIAMI, FL 33157 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: MGRM ( ) Delete  
Name: GATA MALU INC,  
Address: 17039 S DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33157 US

Title: MGR ( ) Delete  
Name: THE TROPICS JEWELRY-, SALON LLC  
Address: 20808 SW 103 PLACE  
City-St-Zip: MIAMI, FL 33189 US

Title: MGR ( ) Delete  
Name: A CUTTING EDGE SALON, LLC  
Address: 18930 FRANJO ROAD  
City-St-Zip: MIAMI, FL 33157 US

**ADDITIONS/CHANGES:**

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

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: ROSSLYN MUIRHEAD

MGR

07/08/2008

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