2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 05, 2008 8:00 am
Secretary of State
03-12-2008 90240 025 ***138.75

DOCUMENT # L07000023625

1. Entity Name
KRISTY'S SALON LLC

Principal Place of Business	Mailing Address
12650 SE 98 LANE DUNNELLON FL 34431	12650 SE 98 LANE DUNNELLON FL 34431

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #: 4105 SW 109th Place	3. Mailing Address: Same		
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.		
City & State: Ocala, FL.	City & State: Same		
Zip: 34476	Country: US	Zip: Same	Country: Same

4. FEI Number: 41-2230085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATTS, WILLIAM
12650 SE 98 LANE
DUNNELLON FL 34431

7. Name and Address of New Registered Agent

Name: Donna Doroban
Street Address (P.O. Box Number is Not Acceptable): 81616 SW Honeysuckle
City: Dunnellon FL Zip Code: 34431

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: Donna J Doroban 4/30/08
DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WATTS, KRISTINE		NAME		
STREET ADDRESS	12650 SE 98 LANE		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL 34431		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 Section 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: Kristine Watts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #