2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State
05-16-2008 90189 031 ***143.75

DOCUMENT # L07000038692

1. Entity Name
J'SEMEL SALON & MORE, LLC

Principal Place of Business	Mailing Address
5831 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207	1717 SHOREVIEW DRIVE JACKSONVILLE, FL 32218

04282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5861 St. Augustine Rd	1717 Shoreview Dr W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville Florida City & State	Jacksonville, Florida City & State
Zip 32207 Country DUVAL	Zip 32218 Country DUVAL

4. FEI Number 38-3755645 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHANNON, JERMYN C
10859 NATALIE ASH DRIVE
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name: JOHN C. SHANNON
Street Address (P.O. Box Number is Not Acceptable): 1717 SHOREVIEW DR. W.
City: JACKSONVILLE FL Zip Code: 32218

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: John C. Shannon DATE: 04-28-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHANNON, JOHN C 1717 SHOREVIEW DRIVE W JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHANNON, CAROLYN H 1717 SHOREVIEW DRIVE W JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HILL, MELVINA 5338 DOSTIE DRIVE S. JACKSONVILLE, FL 32209	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JOEL C. SHANNON 1717 SHOREVIEW DRW JACKSONVILLE FLA. 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JOEL C. SHANNON 1717 SHOREVIEW DRW JACKSONVILLE, FLA. 32218	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: John C. Shannon JOHN C. SHANNON 04-28-08 904 7575110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

904 6513412