


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

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90078 009 \*\*\*138.75

<b>DOCUMENT # L07000078315</b>	
1. Entity Name <b>KYLE KURTIS SALON &amp; SPA LLC</b>	

Principal Place of Business <b>3505 BOBCAT VILLAGE CENTER RD NORTH PORT, FL 34289</b>	Mailing Address <b>25186 OBELISK CT PUNTA GORDA FL 33983</b>
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2. Principal Place of Business - No P.O. Box # <b>3505 Bobcat Village Center Rd.</b>	3. Mailing Address <b>3505 Bobcat Village Center Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State <b>NORTH PORT, FL</b>	City & State <b>NORTH PORT, FL</b>
Zip <b>34289</b>	Country <b>SARASOTA</b>

4. FEI Number <b>26-0589552</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>SCHULDT, AMY M 25186 OBELISK CT PUNTA GORDA FL 33983</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>OBELISK</b> City <b>FL</b> Zip Code	

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 Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reappointing)	DATE
<p><b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b></p>		

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCHULDT, AMY M 25186 OBELISK CT PUNTA GORDA FL 33983</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Amy M. Schuldt</b>	<b>AMY M SCHULDT</b>	<b>4-23-08</b>	<b>257-2122</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #