

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000093075

Entity Name: SC SALONS LLC

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2693 W OSCEOLA PKWY  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

4620 RIVERWALK VILLAGE CT  
UNIT 7501  
PONCE INLET, FL 32127

**New Mailing Address:**

FEI Number: 26-0839076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLAIR, NED  
4620 RIVERWALK VILLAGE UNIT 7501  
PONCE INLET, FL 32127 US

**Name and Address of New Registered Agent:**

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  
Name: STEFANAVAGE, MICHAEL  
Address: 2906 CORRINE DR  
City-St-Zip: ORLANDO, FL 32803

Title: MGRM  
Name: CLAIR, NED  
Address: 4620 RIVERWALK VILLAGE CT.  
City-St-Zip: PONCE INLET, FL 32127

I hereby 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: NED CLAIR

MGRM

02/11/2010

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