

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000128262

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** THE SALON @ 716

**Current Principal Place of Business:**

716 W. UNIVERSITY AVE.  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

716 W. UNIVERSITY AVE.  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 26-1981426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLOTA, BRENDA K  
13404 SW 104TH LANE  
DUNNELLON, FL 34432 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: MARTINEZ, MARTA D  
Address: 1235 NE 18TH AVE.  
City-St-Zip: GAINESVILLE, FL 32601

Title: MGR  
Name: SCOATES, DAVID  
Address: 2352 NW 31 PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM  
Name: LEE, JAMES E  
Address: 2352 NW 31 PLACE  
City-St-Zip: GAINESVILLE, FL 32605

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: JAMES E. LEE

MGRM

04/03/2012

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