2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# L08000000645

Entity Name: MIRIELLE & VINCE'S FAMILY BEAUTY SALON "LLC"

Current Principal Place of Business:

834 S. TAMIAMI TRAIL
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

834 S. TAMIAMI TRAIL
OSPREY, FL 34229

New Mailing Address:

FEI Number: 74-3245920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POMA, VINCENZO
834 S TAMIAMI TRAIL
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

GIBBS, MIRIELLE C MRS.
4030 WORCESTER RD.
SARASOTA, FL 34231 US

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: MIRIELLE C. GIBBS 06/17/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: POMA, VINCENZO MR.
Address: 2794 MOSS OAK DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: VP (X) Delete
Name: GIBBS, MIRIELLE C MRS.
Address: 4030 WORCHESTER RD
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: GIBBS, MIRIELLE C MRS..
Address: $030 WORCESTER RD.
City-St-Zip: SARASOTA, FL 34231

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MIRIELLE C. GIBBS CEO 06/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date