

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000022917

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** MODE SALON, LLC

**Current Principal Place of Business:**

603 E UNIVERSITY AVE  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

13970 S US HWY 441  
MICANOPY, FL 32667 US

**New Mailing Address:**

**FEI Number:** 26-2138580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CMC INTERNATIONAL ACQUISITIONS & HOLDINGS  
6574 NORTH STATE ROAD 7  
#401  
COCONUT CREEK, FL 33073 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:** MCKIBBIN, HARVARD D  
**Address:** 13970 S US HWY 441  
**City-St-Zip:** 13970 S US HWY 441, FL 32667 US

**Title:** MGRM  
**Name:** CARPENTER, LONIE  
**Address:** 13970 S US HWY 441  
**City-St-Zip:** MICANOPY, FL 32667 US

**Title:** MGRM  
**Name:** CARPENTER, STEPHANIE  
**Address:** 13970 S US HWY 441  
**City-St-Zip:** MICANOPY, FL 32667 US

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:** HARVARD D MCKIBBIN

MGRM

02/23/2010

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