

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026221

FILED
Aug 12, 2009
Secretary of State

Entity Name: DOLCE EXPERIENCE SALON SPA, LLC

Current Principal Place of Business:

5630 HANSEL AVE.
EDGEWOOD, FL 32809 US

New Principal Place of Business:

6668 SHADOW OAK LN
ORLANDO, FL 32809 US

Current Mailing Address:

5630 HANSEL AVE.
EDGEWOOD, FL 32809 US

New Mailing Address:

6668 SHADOW OAK LN
ORLANDO, FL 32809 US

FEI Number: 26-2164965 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:

LARSON ACCOUNTING AND CONSULTING SERV. LLC
8818 COMMODITY CIRCLE
SUITE 40
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LARSON ACCOUNTING AND CONSULTING SERV. LLC
8810 COMMODITY CIRCLE
SUITE 17
ORLANDO, FL 32819 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: CAROLINE LARSON

08/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FERNANDA, OHL
Address: 6668 SHADOW OAK LANE
City-St-Zip: ORLANDO, FL 32809 US

Title: MGR () Delete
Name: BRIGHT CORP
Address: 6668 SHADOW OAK LANE
City-St-Zip: ORLANDO, FL 32809 US

Title: MGRM (X) Delete
Name: FRANCO, THAIS
Address: 6668 SHADOW OAK LANE
City-St-Zip: ORLANDO, FL 32809 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OHL, FERNANDA
Address: 6668 SHADOW OAK LANE
City-St-Zip: ORLANDO, FL 32809 US

Title: MGRM (X) Change () Addition
Name: FRANCO, THAIS
Address: 6668 SHADOW OAK LANE
City-St-Zip: ORLANDO, FL 32809 US

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: FERNANDA OHL

MGRM

08/12/2009

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