

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039811

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** ABSOLUTE SALON & SPA LLC

**Current Principal Place of Business:**

4800 W. HILLSBORO BLVD.  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

4800 W. HILLSBORO BLVD.  
SUITE A2  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4800 W. HILLSBORO BLVD.  
COCONUT CREEK, FL 33073

**New Mailing Address:**

4800 W. HILLSBORO BLVD.  
SUITE A2  
COCONUT CREEK, FL 33073

FEI Number: 26-2491040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GS PROFESSIONAL SOLUTIONS INC  
2020 NE 163 STREET  
300 B  
NORTH MIAMI BEACH, FL 33162 US

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

MAUREEN O'DONNELL  
2003 N OCEAN BLVD #203N  
BOCA RATON, FL 33431 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: MAUREEN O'DONNELL

03/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NIRCHIO, ANTONIO  
Address: 4800 HILLSBORO BLVD.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR  
Name: CARDONE, MARZIA  
Address: 4800 W HILLSBORO BLVD>  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR  
Name: O'DONNELL, MAUREEN  
Address: 2003 N OCEAN BLVD #203N  
City-St-Zip: BOCA RATON, FL 33431

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: MAUREEN O'DONNELL

MGR

03/30/2010

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