

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044405

Entity Name: COLOUR U SALON, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

24860 TAMIAMI TRAIL S
SUITE 1
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

24860 TAMIAMI TRAIL S
SUITE 1
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 26-2541352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARC L SHAPIRO, P.A.
720 GOODLETTE ROAD N
SUITE 304
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

SPROWLS, GREGORY K MSP
2451 POINCIANA DRIVE
NAPLES, FL 34105 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: GREGORY K SPROWLS

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WAROSH, TODD A
Address: 17409 FUCHSIA ROAD
City-St-Zip: FORT MYERS, FL 33967 US

Title: MGRM () Delete
Name: WAROSH, JULIA A
Address: 17409 FUCHSIA ROAD
City-St-Zip: FORT MYERS, FL 33967 US

Title: MGRM () Delete
Name: SPENCER, JOHNNIE L
Address: 28505 SOMBRERO DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGRM () Delete
Name: SPENCER, DAWN Y
Address: 28505 SOMBRERO DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135 US

ADDITIONS/CHANGES:

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

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

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

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: JOHNNIE L. SPENCER

MGRM

04/23/2009

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