

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075668

Entity Name: WHITE ORCHID SALON, LLC

FILED  
Jun 20, 2009  
Secretary of State

**Current Principal Place of Business:**

1041 CENTRAL AVENUE  
ST PETERSBURG, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

1041 CENTRAL AVENUE  
ST PETERSBURG, FL 33761 US

**New Mailing Address:**

1041 CENTRAL AVENUE  
ST PETERSBURG, FL 33705 US

FEI Number:  FEI Number Applied For (X)  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:**

KRAVATAS, CHARLES G  
2830 COUNTRYSIDE BLVD.  
APT 221  
CLEARWATER, FL 33761 US

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

MOTH, KHAMANG K  
1401 39TH STREET NORTH  
ST PETERSBURG, FL 33713 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: KHAMANG KAM MOTH

06/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  Delete  
Name: KRAVATAS, CHARLES G  
Address: 2830 COUNTRYSIDE BLVD. APT#221  
City-St-Zip: CLEARWATER, FL 33761 US

**ADDITIONS/CHANGES:**

Title: MGRM  Change  Addition  
Name: MOTH, KHAMANG K  
Address: 1401 39TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33713 US

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: KHAMANG K MOTH

MGRM

06/20/2009

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