

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000083761

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** EUROPA HAIR STUDIO & SPA, LLC

**Current Principal Place of Business:**

3117 CORAL WAY  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

17720 NORTH BAY RD  
1002  
SUNNY ISLES BEACH, FL 33160 US

**New Mailing Address:**

3117 CORAL WAY  
CORAL GABLES, FL 33134 US

**FEI Number:** 26-3271580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLIVA, DONALD  
17720 N BAY RD.  
1002  
SUNNY ISLES BEACH, FL 33160 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: OLIVA, DONALD  
Address: 17720 N BAY RD. 1002  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 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: DONALD OLIVA

MGRM

01/06/2010

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