

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000098844

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SALON FITNESS SYSTEMS LLC.

**Current Principal Place of Business:**

93 FERNWAY RD.  
ALLIGATOR POINT, FL 32346

**New Principal Place of Business:**

15 TARPON STREET  
ALLIGATOR POINT, FL 32346

**Current Mailing Address:**

93 FERNWAY RD.  
ALLIGATOR POINT, FL 32346

**New Mailing Address:**

15 TARPON STREET  
ALLIGATOR POINT, FL 32346

**FEI Number:** 27-2263024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, BYRON  
93 FERNWAY RD.  
ALLIGATOR POINT, FL 32346 US

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

SMITH, BYRON  
15 TARPON STREET  
ALLIGATOR POINT, FL 32346 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: BYRON SMITH

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SMITH, BYRON  
Address: 15 TARPON STREET  
City-St-Zip: ALLIGATOR POINT, FL 32346

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: BYRON SMITH

MGMR

04/26/2011

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