2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L08000106447

Entity Name: SALON ECLIPSE, LLC

Current Principal Place of Business:

27415 CASHFORD CIRCLE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

2032 ASHLEY OAKS CIRCLE
WESLEY CHAPEL, FL 33544

Current Mailing Address:

1744 KETTLER DR.
LUTZ, FL 33559

New Mailing Address:

FEI Number: 26-4334468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTIMUS, LISA A
1744 KETTLER DR.
LUTZ, FL 33559 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 ( ) Delete
Name: BARTIMUS, LISA A
Address: 1744 KETTLER DR.
City-St-Zip: LUTZ, FL 33559

Title: MGR (X) Delete
Name: BARTIMUS, ZAYLON J
Address: 1744 KETTLER DR.
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES:

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: LISA BARTIMUS MGRM 02/25/2009

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