

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109755

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** S.C. SALON COSMETIC WHOLESale, LLC

**Current Principal Place of Business:**

4353 BOYER TERRACE  
NORTH PORT, FL 34288

**New Principal Place of Business:**

**Current Mailing Address:**

4353 BOYER TERRACE  
NORTH PORT, FL 34288

**New Mailing Address:**

**FEI Number:** 26-3794087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROSENBERG, SOLOMON  
4353 BOYER TERRACE  
NORTH PORT, FL 34288 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: MR  
Name: ROSENBERG, SOLOMON  
Address: 4353 BOYER TERRACE  
City-St-Zip: NORTH PORT, FL 34288

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: SOLOMON ROSENBERG

MR

03/30/2010

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