

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006717

**FILED**  
**Mar 13, 2010**  
**Secretary of State**

**Entity Name:** SHAPING IMAGE SALON, LLC

**Current Principal Place of Business:**

208 S DEPOT DRIVE  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

5214 NW WEST PIPER CIRCLE  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 90-0439481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LURRY, SHERRY N MGR  
5214 NW WEST PIPER CIRCLE  
PORT ST LUCIE, FL 34986 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:** MGR  
**Name:** LURRY, SHERRY N  
**Address:** 5214 NW WEST PIPER CIRCLE  
**City-St-Zip:** PORT ST LUCIE, FL 34986

**Title:** MRG  
**Name:** GLEASON, TINA N  
**Address:** 5214 NW WEST PIPER CIRCLE  
**City-St-Zip:** PORT ST LUCIE, FL 34986

**Title:** MGR  
**Name:** HIGHTOWER, LASHAWN D  
**Address:** 5214 NW WEST PIPER CIRCLE  
**City-St-Zip:** PORT ST LUCIE, FL 34986

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:** SHERRY LURRY

MGR

03/13/2010

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