

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070700

Entity Name: ELLA & BELLA HAIR SALON

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16387 S. TAMiami TrL  
C  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

16387 S. TAMiami TrL  
C  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

OLOFSON-RING, ELISANDRA  
707 WELLS AVE  
LEHIGH ACRES, FL 33972 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: OLOFSON-RING, ELISANDRA  
Address: 707 WELLS AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: P  
Name: OLOFSON-RING, ELISANDRA  
Address: 707 WELLS AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VP  
Name: OLOFSON-RING, ELISANDRA  
Address: 707 WELLS AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

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: ELISANDRA OLOFSON-RING

MGR

01/09/2011

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