

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000083093

Entity Name: INDULGENCE SALON, LLC

**FILED**  
**May 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1625 SW 43RD STREET  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

6900 DANIELS PARKWAY  
#33  
FORT MYERS, FL 33912

**Current Mailing Address:**

1625 SW 43RD STREET  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 27-0843181      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CHAFATELLI, PATRICIA  
1625 SW 43RD STREET  
CAPE CORAL, FL 33914      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHAFATELLI, PATRICIA  
Address: 1625 SW 43RD STREET  
City-St-Zip: CAPE CORAL, FL 33914

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: PATRICIA CHAFATELLI

MGR

05/05/2010

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