

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000083093

Entity Name: INDULGENCE SALON, LLC

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6900 DANIELS PARKWAY  
#33  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**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 ( )

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

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

OWNE

02/21/2011

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