

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088194

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** VIOLA CAPELLI SALON, L.L.C.

**Current Principal Place of Business:**

2615 S. HIAWASSEE RD.  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

6735 CONROY ROAD  
SUITE 115  
ORLANDO, FL 32835 US

**Current Mailing Address:**

8442 SHADY GLEN DR.  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 27-0931035      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MCLAUGHLIN, HEATHER A  
8442 SHADY GLEN DR.  
ORLANDO, FL 32819 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:** PRES  
**Name:** MCLAUGHLIN, HEATHER A  
**Address:** 8442 SHADY GLEN DR.  
**City-St-Zip:** ORLANDO, FL 32819 US

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: HEATHER A. MCLAUGHLIN      PRES      05/01/2012

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