

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000115477

**FILED**  
**Jul 12, 2012**  
**Secretary of State**

**Entity Name:** TRUE SALON LLC

**Current Principal Place of Business:**

8695 COLLEGE PKWY  
1440  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

2436 DOVER AVENUE  
FORT MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 27-1416168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DANIEL H MOTYL CPA PA  
4837 SWIFT ROAD  
210  
SARASOTA, FL 34231 US

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

PATRICK D. SHIELDS, CPA  
8695 COLLEGE PARKWAY  
1124  
FORT MYERS, FL 33919 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: PATRICK D. SHIELDS

07/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MANNING, DOROTHY N  
Address: 2436 DOVER AVENUE  
City-St-Zip: FORT MYERS, FL 33907 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: DOROTHY N. MANNING

MGRM

07/12/2012

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