

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000036253

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** THE BLUE HERON SALON, LLC

**Current Principal Place of Business:**

22623 PANAMA CITY BEACH PARKWAY  
SUITE 4  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

2263 PANAMA CITY BEACH PARKWAY  
SUITE 4  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

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

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

OIEN, GREGORY J  
16226 E. LULLWATER DR.  
PANAMA CITY BEACH, FL 32413      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: MGRM  
Name: OIEN, ARLENE M  
Address: 16226 E. LULLWATER DR.  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGRM  
Name: OIEN, GREGORY J  
Address: 16226 E. LULLWATER DR.  
City-St-Zip: PANAMA CITY BEACH, FL 32413

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: ARLENE M. OIEN

MGRM

04/27/2011

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