

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000102923

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** ALICIA'S SALON & SPA,LLC

**Current Principal Place of Business:**

6991 COLLINS AVE  
MIAM BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

6991 COLLINS AVE  
MIAM BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 27-3596761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAGIO'S TAX SERVICES LLC  
1040 71ST STREET  
SUITE 103  
MIAMI BEACH, FL 33141 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:** BAIRD, ALICIA B  
**Address:** 790 73RD STREET, APT 26  
**City-St-Zip:** MIAMI BEACH, FL 33141

**Title:** MGR  
**Name:** BAIRD, LAURA  
**Address:** 790 73RD STREET, APT 26  
**City-St-Zip:** MIAMI BEACH, FL 33141

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:** ALICIA BAIRD

MGRM

04/18/2012

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