

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000067386

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** KNW DAY SPA & SALON MANAGEMENT LLC

**Current Principal Place of Business:**

2700 SAND MINE ROAD  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

243 JULLIARD BLVD  
DAVENPORT, FL 33897 US

**New Mailing Address:**

**FEI Number:** 45-4315221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEIKART, KATELYN N  
243 JULLIARD BLVD  
DAVENPORT, FL 33897 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: WEIKART, KATELYN N  
Address: 243 JULLIARD BLVD  
City-St-Zip: DAVENPORT, FL 33897 US

Title: MGRM  
Name: WEIKART, ZACHARY J  
Address: 243 JULLIARD BLVD  
City-St-Zip: DAVENPORT, FL 33897 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: KATELYN WEIKART

MGRM

01/26/2012

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