

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000138106

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

**Entity Name:** FIRST IMPRESSION SALON AND SPA LLC

**Current Principal Place of Business:**

5641 SE CROOKED OAK AVE  
BLDG.1 UNIT B  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

5641 SE CROOKED OAK AVE  
BLDG.1 UNIT B  
HOBE SOUND, FL 33455

**New Mailing Address:**

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

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

BILODEAU, JULIA C  
1425 SW ORIOLE LN  
PORT SAINT LUCIE, FL 34953      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: BILODEAU, ROBERT L JR  
Address: 1425 SW ORIOLE LN  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: MGRM  
Name: BILODEAU, JULIA C  
Address: 1425 SW ORIOLE LN  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: ROBERT BILODEAU                      MGR                      09/18/2012

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