

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000000193

1. Entity Name  
ALL ABOUT YOU SALON & SPA, LLC



Principal Place of Business  
168 W DEERBORN ST  
ENGLEWOOD, FL 34223

Mailing Address  
168 W DEERBORN ST  
ENGLEWOOD, FL 34223



01242005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0009302

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HART, BETSY  
168 W. DEARBORN ST  
ENGLEWOOD, FL 34223

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

UN0000206525  
02/01/05-80009-010 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ELSHOF, TEN, JOHN J  
5160 WEST RIVER DR  
COMSTOCK PARK, MI 49321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HART, BETSY  
893 E. 4TH STREET  
ENGLEWOOD, FL 34223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ELSHOF, TEN, DANA JO  
5160 WEST RIVER DR  
COMSTOCK PARK, MI 49321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Betsy Hart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Betsy Hart*

Date

Daytime Phone #

1-25-05 941-4857