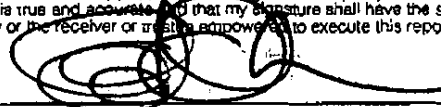


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90103 050 ****50.00

DOCUMENT # M06000004953 1. Entity Name SIMONE SALON, LLC					
Principal Place of Business 10800 MIDLOTHIAN TURNPIKE, SUITE 309 RICHMOND, VA 23235			Mailing Address 10800 MIDLOTHIAN TURNPIKE, SUITE 309 RICHMOND, VA 23235		
2. Principal Place of Business - No P.O. Box # 1623 Michigan Ave.		3. Mailing Address 10800 Midlothian Tpk		 07052007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 300			
City & State Miami Beach, FL		City & State Richmond, VA			
Zip 33139		Zip 23235			
Country USA		Country USA		4. FEI Number 20-5989019	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES INC 155 OFFICE PLAZA DRIVE STE A TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 Delanie Case, Delanie Case, asst. sec. Signature, typed or printed name of registered agent and sign if applicable. (NOTE: Registered Agent signature required when resigning)				DATE 8-27-07	
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OKUN, EDWARD H 10800 MIDLOTHIAN TURNPIKE, SUITE 309 RICHMOND, VA 23235	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.					
SIGNATURE: 				Date 9/5/07 804-419-2180 Daytime Phone #	