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	Mailing Address
10800 MIDLOTHIAN TURNPIKE, SUITE 309 RICHMOND, VA 23235	10800 MIDLOTHIAN TURNPIKE, SUITE 309 RICHMOND, VA 23235

07052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1623 Michigan Ave.	10800 Midlothian Tpke
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 300
City & State Miami Beach, FL	City & State Richmond, VA
Zip 33139 Country USA	Zip 23235 Country USA

4. FEI Number 20-5989019 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAPITOL CORPORPORATE SERIVCES 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. 8-27-07
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 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 ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE: 9/5/07 804-419-2180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #