

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000083093

Entity Name: INDULGENCE SALON, LLC

Current Principal Place of Business:

6900 DANIELS PARKWAY
#33
FORT MYERS, FL 33912

Current Mailing Address:

1625 SW 43RD STREET
CAPE CORAL, FL 33914

FEI Number: 27-0843181

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAFATELLI, PATRICIA
1625 SW 43RD STREET
CAPE CORAL, FL 33914 US

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

Authorized Person(s) Detail :

Title	MANAGING MEMBER	Title	MANAGER
Name	CHAFATELLI, PATRICIA	Name	MALAN, JAMIE J
Address	1625 SW 43RD STREET	Address	7594 GRADY DRIVE
City-State-Zip:	CAPE CORAL FL 33914	City-State-Zip:	NORTH FORT MYERS FL 33917

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA CHAFATELLI

MANAGING MEMBER

01/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date