LIMITED LIABILITY COMPANY

DOCUMENT # L10000180075



DO NOT WRITE IN THIS SPACE

For Office Use Only

| 1. Entity Name | 9 | | | | <u>, </u> |
|--|--|-----------------------|---------|---|--|
| DR. FROGUES HAIR SALON, LIC | | | | | FII |
| DO NOT WRITE IN THIS SPACE | | | | | OIVISION OF CORPORATIONS 11 AUG -3 PM 2: 25 |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 23-35 DR MLK JR JT 3. Mailing Address SAME | | | | | |
| Suite, Apt. #, ect. Suite, Apt. #, | | | | | CR2E083B (1/11) |
| | | | | | (m., |
| Str PE | TERSBURG, FLORIDA | City & State | | | 4. FEI Number Mapplied For Not Applicable |
| 337 | 05 Country U.S. A | Zip | Country | | 5. Certificate of Status Desired |
| 6. | | 7 | | | 7. Name and Address of Current Registered Agent |
| DO NOT WRITE IN THIS SPACE | | | | Anth Address II | hany CompareHo |
| | | | City | St P4 | etersburg FL ZPS 3707 |
| 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 obligation | ons of registered agent. | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable | | | | | |
| | January 1 - May 1. Fee is After May 1, Fee is \$5 Amended AR is \$50 | \$138.75 38.75 | | | E-mail Address: |
| | heck Payable to Florida De | partment of State *** | | | To be used for future annual report notices |
| 9. | MANAGING MEMBER | RS/MANAGERS | | 10. | |
| NAME | WILLIAM BENNET | T RECEIV | /ED | | |
| STREET ADDRESS | | | | | · |
| CITY+ST-ZIP | ST PETERSBURG, FLA | 33705 Stamp | #4 | - | and the state of t |
| TITLE NAME | JUL 27 .2011 | | | | 700210693757 |
| STREET ADDRESS | | | | 700210693757 08/03/1101007011 **138.75 | |
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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 trustage empowered to execute this report as required by Chapter 608, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State considered for in s. 817, 165, P.S.

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone#

ST PETERSBURG, FLA 33705

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RETURN RECEIPT REQUESTED

DIVISION OF CORPORATIONS

P. O. BOX 6337 1940 No MONROE STREET TALLAHASSEE, FLORIDA 32399-0783