

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90020 005 \*\*\*\*55.00

DOCUMENT # L02000003111

1. Entity Name  
TOMMY SCISSOR'S ENTERPRISES, LLC



Principal Place of Business  
203 SE 1ST AVE.  
BOCA RATON, FL 33432

Mailing Address  
203 SE 1ST AVE.  
BOCA RATON, FL 33432

40032546



2. Principal Place of Business  
6 S.E. 5th ave  
Suite, Apt. #, etc.

3. Mailing Address  
6 S.E. 5th ave  
Suite, Apt. #, etc.

04102006 Chg-LLC CR2E083 (11/05)

City & State  
Delray Beach, FL  
Zip 33483 Country USA

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Delray Beach, FL  
Zip 33483 Country USA

4. FEI Number  
01-0721473

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME BOTTIGLIA, THOMAS  
STREET ADDRESS 2904 CONGRESSIONAL WAY  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE MGRM ☒ Change ☐ Addition  
NAME BOTTIGLIA, THOMAS  
STREET ADDRESS 7689 WEST COUNTRY CLUB BLVD.  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE MGRM ☒ Delete  
NAME KATZ, MARVIN  
STREET ADDRESS 2555 NE 11TH ST #710  
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

954 895 3930