2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003111

TOMMY SCISSOR'S ENTERPRISES, LLC



ZUU3254R

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

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

Principal Place of Business

Mailing Address

| BOCA RATON, | AVE. , FL 33432 | 203 SE 1ST AVE. Boca raton, FL 33432 | | | ~~~~ | J | | |
|--|--|---|--|--|--|---|---------------------------|--|
| 2. Principal Pl | ace of Business th ave | 3. Mailing Address | -have | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | - (. V | 04102006 | Chg-LLC C | CR2E083 (11/05) | | |
| Delra | 1.1 | City & State Del Pau Bec | ich f | 4. FEI Numb 01-072 | • | | plied For t Applicable | |
| 3348 | Country | | OUNTRY S A | 5. Certificate | of Status Desired | \$5.00 Add Fee Required | itional | |
| | 6. Name and Address of Current R | Registered Agent | | 7. Name and | Address of New Regis | tered Agent | | |
| | | | Name | | | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | City | | <u></u> | Zip Code | | |
| | | | City | | | FL Zip Code | | |
| the obligati | named entity submits this statement for ions of registered agent. | the purpose of changing its regi | stered office or r | registered agent, or bo | oth, in the State of Florida | . I am familiar with, | and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | nd title if applicable (NOTE, Reg | islared Agent signature | e required when reinstating) | | DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | Make check payable to Fiorida Department of State | | | | |
| | | | | | | <u>. </u> | | |
| 9. | MANAGING MEMBER | RS/MANAGERS | 10. | | ADDITIONS/CH | ANGES | | |
| 9. TITLE | MANAGING MEMBER | RS/MANAGERS Delete | 10. | MORM | ADDITIONS/CH | ANGES Change | Addition | |
| - | | | 10. TITLE NAME | MGRM BoHibli | ADDITIONS/CH | ANGES Change | Addition | |
| THLE | MGRM | | 10. TITLE NAME STREET ADDRESS | MORM Boff 1661 | ADDITIONS/CH | ANGES Change Change | ☐ Addition | |
| TITLE | MGRM BOTTIGLIA, THOMAS 2904 COMGRESSIONAL WAY | | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MORM BOHIGHI 7609 W | ADDITIONS/CH. A, Thoma JEST Countr TOMA: FL | ANGES Change Club 1311 | ☐ Addition | |
| THILE NAME STREET ADDRESS CITY-ST-ZiP | MGRM BOTTIGLIA, THOMAS 2904 COMGRESSIONAL WAY DEERFIELD BEACH, FL 33442 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BUH I GUI 7669 W BUCA ROY | ADDITIONS/CH. A. THOMO JEST COUNTY TOWN FL | Ochange (S Y Club 131) 33467 | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MGRM BOTTIGLIA, THOMAS 2904 COMGRESSIONAL WAY DEERFIELD BEACH, FL 33442 MGRM | | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MORM BUH 1661 7669 W BUCA ROY | ADDITIONS/CH A. Thoma JEST Countr TOU, FL | ANGES Change Club Blue 33467 Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MGRM BOTTIGLIA, THOMAS 2904 COMGRESSIONAL WAY DEERFIELD BEACH, FL 33442 MGRM KATZ, MARVIN | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MORM BUHIBUI 7609 W BOCA RO | ADDITIONS/CH A, Thoma JEST Countr TOU, FL | Ochange (S Y Club 131) 33467 | ☐ Addition | |
| THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS | MGRM BOTTIGLIA, THOMAS 2904 COMGRESSIONAL WAY DEERFIELD BEACH, FL 33442 MGRM KATZ, MARVIN 2555 NE 11TH ST #710 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS | MGRM BUHIBUI 7609 W BOCA RO | ADDITIONS/CH A, Thoma JEST Countr TGU, FL | Ochange (S Y Club 131) 33467 | ☐ Addition | |
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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 608, Florida Statutes.

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY - ST - ZIP

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

Date