

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000006351



1. Entity Name
STYLES 2000, L.L.C.

Principal Place of Business
**4650 S CLEVELAND AVE
UNIT 2B
FT MYERS, FL 33907**

Mailing Address
**4650 S CLEVELAND AVE
UNIT 2B
FT MYERS, FL 33907**



03192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1012721

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUTLER, GAREY F
1625 HENDRY ST
SUITE 301
FT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**OWNER
REDA, CATHERINE A
4650 S CLEVELAND AVE SUITE 2B
FT MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**OWNER
BREWER, JODI L
4650 S CLEVELAND AVE SUITE 2B
FT MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**OWNER
LYONS, LORI A
4650 S CLEVELAND AVE SUITE 2B
FT MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U000000465528
04/12/06-80086-023 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

✓ 3-26-06 239 274 96