

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90183 009 ****50.00

DOCUMENT # L01000017469


1. Entity Name
B.A. STYLE LLC



Principal Place of Business Mailing Address
100 SOUTH POINTE DR. **100 SOUTH POINTE DR.**
2301 **2301**
MIAMI BEACH, FL 33139 **MIAMI BEACH, FL 33139**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



05162006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
65-1157759 Not Applicable

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

6. Name and Address of Current Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

7. Name and Address of New Registered Agent

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: *[Signature]* DATE: _____

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 6, 2006

Make check payable to Florida Department of State

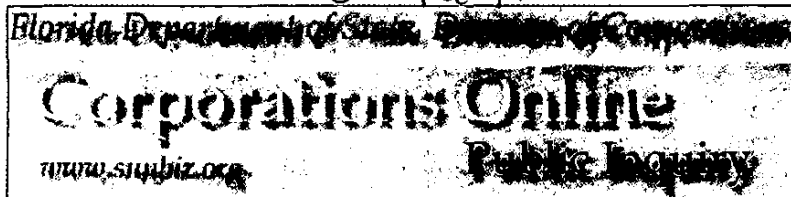
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASTOR, MARIANO M 100 SOUTH POINTE DR. #2301 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* Date: _____ Daytime Phone # _____

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

2004678



Florida Limited Liability

B.A. STYLE LLC

PRINCIPAL ADDRESS

100 SOUTH POINTE DR.
2301
MIAMI BEACH FL 33139
Changed 01/12/2004

MAILING ADDRESS

100 SOUTH POINTE DR.
2301
MIAMI BEACH FL 33139
Changed 01/12/2004

Document Number

L01000017469

FEI Number

651157759

Date Filed

10/11/2001

State

FL

Status

ACTIVE

Effective Date

NONE

Total Contribution

0.00

Registered Agent

Name & Address
WORLD CORPORATE SERVICES, INC. 100 SOUTH POINTE DR. 2301 MIAMI BEACH FL 33139 Registered Agent Resigned: 04/03/2006

Manager/Member Detail

Name & Address	Title
PASTOR, MARIANO M 100 SOUTH POINTE DR. #2301 MIAMI BEACH FL 33139	MGR

ATTACHMENT 20046718
#201000017469

Annual Reports

Report Year	Filed Date
2003	03/24/2003
2004	01/12/2004
2005	04/07/2005

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No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

- [04/03/2006 -- Reg. Agent Resignation](#)
- [04/07/2005 -- ANN REP/UNIFORM BUS REP](#)
- [01/12/2004 -- ANNUAL REPORT](#)
- [03/24/2003 -- ANN REP/UNIFORM BUS REP](#)
- [05/13/2002 -- COR - ANN REP/UNIFORM BUS REP](#)
- [10/11/2001 -- Florida Limited Liabilites](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)

[Corporations Help](#)



ATTACHMENT
20046718
Division of Corporations

2006 Annual Report

**Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.**

This information cannot be changed on the report.	
Document Number	L01000017469
Business Entity Name	B.A. STYLE LLC
Original File Date	10/11/2001

FEI Number 65-1157759
Principal Address 100 SOUTH POINTE DR.
2301
MIAMI BEACH, FL 33139
Mailing Address 100 SOUTH POINTE DR.
2301
MIAMI BEACH, FL 33139
Registered Agent

Managing Member/Manager Name And Address

MGR
MARIANO M PASTOR
100 SOUTH POINTE DR. #2301
MIAMI BEACH, FL 33139

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