

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90191 016 ****50.00

DOCUMENT # L02000012103					
1. Entity Name ISIS INTERNATIONAL HAIR SALON SPA AND BOUTIQUE, LLC					
Principal Place of Business 1206 48TH AVENUE W. PALMETTO, FL 34221			Mailing Address 1206 48TH AVENUE W. PALMETTO, FL 34221		
2. Principal Place of Business 4921 Cortez Rd W Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Bradenton FL		City & State			
Zip 34210		Country US		4. FEI Number 61-1411506	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, BEVERLEY A 4921 CORTEZ ROAD W. BRADENTON, FL 34210			7. Name and Address of New Registered Agent Name: <u>Beverly A Smith</u> Street Address (P.O. Box Number is Not Acceptable): <u>1206 48th Ave W</u> City: <u>Palmetto</u> FL Zip Code: <u>34221</u>		
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: <u>Beverly A. Smith</u> DATE: <u>2/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME SMITH, BEVERLEY A OWNER STREET ADDRESS 1206-48TH AVENUE WEST CITY-ST-ZIP PALMETTO, FL 34221	<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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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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Beverly A. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <u>2/14/04</u> <small>Daytime Phone #</small>		