

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000042590

**FILED**  
**Jun 25, 2004**  
**Secretary of State**

**Entity Name:** ONCE AND FOR ALL CENTER FOR PERMANENT COSMETICS, LLC

**Current Principal Place of Business:**

1057 SW 149TH LANE  
SUNRISE, FL 33326

**New Principal Place of Business:**

455 SW 78TH AVENUE  
PLANTATION, FL 33324

**Current Mailing Address:**

1057 SW 149TH LANE  
SUNRISE, FL 33326

**New Mailing Address:**

**FEI Number:** 20-1145860      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALLEY, CLEOPATRA A  
1057 SE 149TH LANE  
SUNRISE, FL 33326      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: HALLEY, CLEOPATRA A  
Address: 1057 SW 149TH LANE  
City-St-Zip: SUNRISE, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CLEOPATRA HALLEY

MGR

06/25/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date