

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000046684

1. Entity Name
PHAZE 2 SALON, L.C.



FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90416 039 ****50.00

Principal Place of Business
3046 GULFSTREAM ROAD
LAKE WORTH, FL 33461-2404

Mailing Address
3046 GULFSTREAM ROAD
LAKE WORTH, FL 33461-2404

2. Principal Place of Business
3975 Jog Rd
Suite, Apt. #, etc. —

3. Mailing Address
3975 Jog Rd
Suite, Apt. #, etc. —

City & State
Greenacres FL
Zip 33467 Country USA

City & State
Greenacres FL
Zip 33467 Country USA



04122004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0415702 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAUQUITZ-VALERIE
3046 GULFSTREAM ROAD
LAKE WORTH, FL 33461-2404

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, 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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME HAUQUITZ, VALERIE
STREET ADDRESS 3046 GULFSTREAM ROAD
CITY-ST-ZIP LAKE WORTH, FL 334612404

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

4/12/04

Date

561 310-5118

Daytime Phone #