

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 28, 2005 8:00 am
Secretary of State

04-04-2005 90433 004 ****50.00

DOCUMENT # L04000002964

1. Entity Name

GATOR BAY HAIR COMPANY, LLC



Principal Place of Business

7380 STATE ROAD 100
SUITE 6
KEYSTONE HEIGHTS FL 32656
US

Mailing Address

7380 STATE ROAD 100
SUITE 6
KEYSTONE HEIGHTS FL 32656
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

59-3751524

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWELL, PAUL D
7380 STATE ROAD 100
SUITE 6
KEYSTONE HEIGHTS FL 32656

Name

HELEN MORGAN

Street Address (P.O. Box Number is Not Acceptable)

7380 SR 100 #6

City

KEYSTONE HTS

FL

Zip Code

32656

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

Helen A. Morgan

4-20-05

Signature, typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | <input type="checkbox"/> Delete |
|-------|---------------|------------------------------|---------------------------|---------------------------------|
| MGRM | MORGAN, HELEN | 7380 STATE ROAD 100, STE. #6 | KEYSTONE HEIGHTS FL 32656 | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | <input type="checkbox"/> Delete |
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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 |
|---|--|---|---------------|---------------------------------|-----------------------------------|
| TITLE <td>NAME <td>STREET ADDRESS <td>CITY- ST- ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td> | NAME <td>STREET ADDRESS <td>CITY- ST- ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td> | STREET ADDRESS <td>CITY- ST- ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | CITY- ST- ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
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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

Helen Morgan

3-30-05 3524738111

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

Date

Daytime Phone #