## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000025840

Entity Name: STYLISTS DIRECT, LLC

City-St-Zip:

WALDORF, MD 20601

FILED Apr 06, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13301 PLUM LAKE CIRCLE CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** P.O. BOX 1217 MINNEOLA, FL 34755 FEI Number: 20-0958028 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BASILE, BERNICE 13301 PLUM LAKE CIRCLE CLERMONT, FL 34711 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BASILE, BERNICE A Name: Name: Address: 13301 PLUM LAKE CIRCLE Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition Name: BASILE, GARY Name: Address: 13301 PLUM LAKE CIRCLE Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: MGR () Delete Title: () Change () Addition TYNG, DAYLE Name: Name: Address: 2714 MORAN DRIVE Address: City-St-Zip: WALDORF, MD 20601 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: TYNG, ARTHUR S III Name: Address: 2714 MORAN DRIVE Address:

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.

City-St-Zip:

SIGNATURE: DAYLE TYNG MGR 04/06/2005