

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000030533 1. Entity Name PERMANENT FACE ON, LLC					
Principal Place of Business 25 BAYSHORE POINT VALPARAISO FL 32580				Mailing Address 25 BAYSHORE POINT VALPARAISO FL 32580	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 43-2049368				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)	
6. Name and Address of Current Registered Agent CREW & CREW, P.A. 25 BEAL PKWY NE, STE 210 FORT WALTON BEACH FL 32548				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 _____ (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, 2006				U000000496205 04/22/06-80004-016 50.00	
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WRIGHT, LINDA E 25 BAYSHORE POINT VALPARAISO FL 32580	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Linda E. Wright*

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

Date

Daytime Phone #