## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000035241

TREASURE COAST SALONS, LLC



**FILED** Apr 03, 2006 08:00 AM Secretary of State

Principal Place of Business

Malling Address

3734 S.E. MATANZAS ST STUART, FL 34996

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> 01042006 No Chg-LLC

CR2E083 (11/05)

 $\Box$ 

4. FEI Number 14-1909234

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKENZIE, ORVILLE ESQ 1900 W. COMMERCIAL BLVD STE. 125 FT. LAUDERDALE, FL 33309

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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 talle if applicable	(NOTE Registered Agent signature required when reinstailing)	DATE
Filling Fee is \$50.00 Due by May 1, 2006		

MANAGING MEMBERS/MANAGERS MGR TITLE NAME CHEN, ROGER 3734 S.E. MATANZAS ST STREET ADDRESS CITY-SI-ZIP STUART, FL 34996 MGR TITLE CHEN, TASHA NAME STREET ADDRESS 3734 S.E. MATANZAS ST CITY-ST-ZIP STUART, FL 34996 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME

U00000490063 04/18/06-80041-001 50.00

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

NINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE