2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2005 8:00 am

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DOCUMENT # L04000041392 1. Entity Name HCX SALONS OF BRANDON, L.L.C.					05-03-2005 90017 005 ****50.00				
Principal Place 18305 WEYB TAMPA, EL 3	URNE AVÉNUE	Mailing Address 18305 WEYBURNE AVE TAMPA, FL 33647	18305 WEYBURNE AVENUE		20056099				
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	lace of Business 1. BRAD BLV)	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04272005	Chg-LLC	CR2E0	83 (10/03)	
City & State BRANDON, FL		City & State	City & State		4. FEI Numb	188908			oplied For ot Applicable
33 5 1	Country	Zíp	Country		5. Certificate	of Status Desired		\$5.00 Add	
	6. Name and Address of Curre	ent Registered Agent			7. Name and	Address of New	Registered A	\gent	
./	. =		Name	PAT	E				
MATEL, NII 115 SOUTI TAMPA, FI	H WILLOW AVENUE					(P.O. Box Number is Not Acceptable)			
TAMEA, FI	L 33000								
			City				FL	Zip Cod	e
	named entity submits this statemer ions of registered agent.	nt for the purpose of changing its	registered office	or register	ed agent, or bo	th, in the State of	Florida. ∃am i	amiliar with,	and accept
SIGNATORE :	Signature, typed or printed name of registered a	gent and title if applicable. (NOT)	E: Registered Agent sign	ature required	when reinstating)		DATE		
Fi	Signature, typed or printed name of registered a ling Fee is \$50.00 ue by May 1, 2005	gent and title if applicable. (NOTi	E: Registered Agent sign	ature required	when reinstating)		DATE ake check p da Departm	-	e
Fi	ling Fee is \$50.00 ue by May 1, 2005	gent and title if applicable. (NOTI	E: Registered Agent sign			Flori	ake check p	-	e
Fi Dı	lling Fee is \$50.00 ue by May 1, 2005 MANAGING MEN		10.	MG	RM	ADDITION	ake check p da Departm S/CHANGES	Change	e Addition
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9. TITLE NAME STREET ADDRESS	MANAGING MEN MGRM PATEL, SARJU R 18305 WEYBURNE AVENUE	MBERS/MANAGERS	10. IITLE NAME STREET ADDRESS	MG HCX 183	RM: Salon 15 WEY	ADDITION S OF TAM BURNE AN	eke check poda Departments/CHANGES	Change	
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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.

SIGNAT	URE: 🕮	Areal .	~24820_	<u> R. PATI</u>	<u></u>	
	SIGNATURE AND TYPED		OF SIGNING MANAGING	G MEMBER, MANAGE	A, OR AUTHORIZED	REPRESENTATI

813-283-0065 x F 604