

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041399

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: HCX SALONS OF TAMPA BAY, L.L.C.

**Current Principal Place of Business:**

18305 WEYBURNE AVENUE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

18305 WEYBURNE AVENUE  
TAMPA, FL 33647

**New Mailing Address:**

19046 BRUCE B DOWNS BLVD  
SUITE 301  
TAMPA, FL 33647

FEI Number: 20-1188905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, NILESH M  
115 SOUTH WILLOW AVENUE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KRESSIN, SCOTT  
Address: 8626 GREY OAKS AVENUE  
City-St-Zip: SARASOTA, FL 34238

Title: MGRM ( ) Delete  
Name: IMPACT HCX OF TAMPA, BAY, LLC  
Address: 3001 N ROCKY POINT DR E, #390  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: SARJU R PATEL

MGRM

04/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date