

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053066

Entity Name: STYLES LLC

FILED
Sep 12, 2005
Secretary of State

Current Principal Place of Business:

4474 WESTON RD
136
DAVIE, FL 33331

New Principal Place of Business:

15970 W STATE ROAD 84
231
SUNRISE, FL 33326

Current Mailing Address:

4474 WESTON RD
136
DAVIE, FL 33331

New Mailing Address:

15970 W STATE ROAD 84
231
SUNRISE, FL 33326

FEI Number: 20-1379428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RIVERO, ISABEL
2853 EXECUTIVE PARK DR.
SUITE 201
WESTON, FL 33331 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: NUNES, JUAN O
Address: 4474 WESTON RD, SUITE 136
City-St-Zip: DAVIE, FL 33331

Title: MGRM (X) Delete
Name: ARAUJO, FERNANDO A
Address: 4474 WESTON RD, SUITE 136
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RIVERO, ISABEL
Address: 15970 W STATE ROAD 84, SUITE 231
City-St-Zip: SUNRISE, FL 33326

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 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.

SIGNATURE: ISABEL RIVERO

MGRM

09/12/2005

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