

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053066

Entity Name: STYLES LLC

FILED  
Aug 31, 2007  
Secretary of State

**Current Principal Place of Business:**

117 W HOWRY AVE  
DELAND, FL 32720

**New Principal Place of Business:**

124 S AMELIA AVENUE STE 200  
DELAND, FL 32724

**Current Mailing Address:**

117 W HOWRY AVE  
DELAND, FL 32720

**New Mailing Address:**

124 S AMELIA AVENUE STE 200  
DELAND, FL 32724 US

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:**

RIVERO, ISABEL  
124 S AMELIA AVENUE STE 200  
DELAND, FL 32724 US

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:

08/31/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RIVERO, ISABEL  
Address: 117 W HOWRY AVE  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RIVERO, ISABEL  
Address: 124 S AMELIA AVENUE STE 200  
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify 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: ISABEL RIVERO

MGRM

08/31/2007

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