

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90256 029 ****50.00

DOCUMENT # L04000065219 1. Entity Name BLUE DOOR BEAUTY, LLC					
Principal Place of Business 2198 MAIN STREET SARASOTA, FL 34237			Mailing Address 2198 MAIN STREET SARASOTA, FL 34237		
2. Principal Place of Business - No P.O. Box # 5234 S.R. 64 East		3. Mailing Address 5234 S.R. 64 East			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Bradenton, FL		City & State Bradenton, FL		4. FEI Number 08-1732298	
Zip 34208		Country 		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PETER J. JAENSCH IMMIGRATION LAW FIRM, PA 2198 MAIN STREET SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name Nichola Lake Street Address (P.O. Box Number is Not Acceptable) 5234 S.R. 64 East City Bradenton FL Zip Code 34208	
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 <u>N. Lake</u> DATE <u>04/03/07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAKE, TERRANCE M 4726 PINNACLE DR BRADENTON, FL 34208 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE <u>N. Lake</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>04/03/07</u> Daytime Phone # <u>941-748-9372</u>		

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03262007 Chg-LLC CR2E083 (12/06)

4. FEI Number
08-1732298 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

DATE