

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000089139

1. Entity Name
HYGIENE SOLUTIONS GROUP, LLC



Principal Place of Business
1526 UNIVERSITY BOULEVARD WEST
SUITE 214
JACKSONVILLE, FL 32217

Mailing Address
1526 UNIVERSITY BOULEVARD WEST
SUITE 214
JACKSONVILLE, FL 32217



04262006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0437332

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional**
Fee Required

6. Name and Address of Current Registered Agent

FRISON, EDWIN
1526 UNIVERSITY BOULEVARD WEST
214
JACKSONVILLE, FL 32217

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FRISON, EDWIN
1526 UNIVERSITY BOULEVARD WEST
JACKSONVILLE, FL 32217

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05/12/06-80059-008 55.00

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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: *Edwin Frison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-26-06 (904) 588-323

Date

Daytime Phone #