

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

02-13-2006 90193 026 ****50.00

DOCUMENT # L05000002419 1. Entity Name P & P BEAUTY SALON, LLC					
Principal Place of Business 5800 HOLLYWOOD BLVD HOLLYWOOD FL 33021			Mailing Address 15250 NE 9TH PLACE NORTH MIAMI FL 33162		
2. Principal Place of Business 6473 Taft Street <small>Suite, Apt. #, etc.</small>			3. Mailing Address 15250 NE 9 Avenue <small>Suite, Apt. #, etc.</small>		
City & State Hollywood, FL <small>Zip</small>		City & State North Miami, FL <small>Zip</small>		4. FEI Number 20-2627156	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent POTTINGER, TAMEIKA ESQ 8962 S. HOLLYBROOK BLVD BLDG 34 APT 202 PEMBROKE PINES FL 33025				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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><i>Tameika Esq Pottinger</i></u> DATE: <u><i>2/1/06</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renouncing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENSO, HYACINTH 15250 NE 9TH AVE NORTH MIAMI FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POTTINGER, DOROTHY 8962 HOLLYBROOK BLVD BLDG 34 APT 202 PEMBROKE PINES FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Hyacinth F Penso</i></u> DATE: <u><i>1/31/2006</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

Attachment



30001663

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

P & P BEAUTY SALON, LLC
15250 NE 9TH ~~PLACE~~ AVENUE
NORTH MIAMI, FL 33162

Subject: P & P BEAUTY SALON, LLC

Reference Number: L05000002419

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION