

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

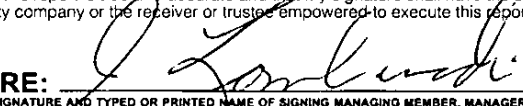
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Secretary of State

06-26-2006 90272 003 ****50.00

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05192006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000006397			
1. Entity Name ALLHAIR LLC			
Principal Place of Business 4603 OKEECHOBEE BLVD SUITE C124 WEST PALM BEACH, FL 33417 US		Mailing Address 4811 LYONS TECHNOLOGY PARKWAY BLDG B, SUITE 28 COCONUT CREEK, FL 33073 US	
2. Principal Place of Business 3720 Park Central Blvd N		3. Mailing Address 3720 Park Central Blvd N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Bch., FL		City & State Pompano Bch., FL	
Zip 33064	Country USA	Zip 33064	Country USA
4. FEI Number 20-2538247		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOMBARDI, JACKIE 4811 LYONS TECHNOLOGY PARKWAY BLDG B, SUITE 28 COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name JACKIE Lombardi Street Address (P.O. Box Number is Not Acceptable) 3720 Park Central Blvd. N City Pompano Bch., FL Zip Code 33064	
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 		DATE 6/16/06	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOMBARDI, JACKIE 4811 LYONS TECHNOLOGY PARKWAY, B28 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKIE Lombardi 3720 Park Central Blvd. N Pompano Bch., FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLNAI, ROBERT 4811 LYONS TECHNOLOGY PARKWAY, B28 COCONUT CREEK, FL 33073 <input checked="" 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	<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	<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	<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	<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 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: 		DATE 6/16/06 Daytime Phone # 954/978-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE JACKIE Lombardi, Mgr.			



ATTACHMENT 40097096

Division of Corporations

Annual Report

Annual Report Help

Document Number

~~L05000006397~~

Business Entity Name

ALLHAIR LLC

FEI Number

202538247

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ Yes ☒ No \$5.00 each

Principal Place of Business

Address

3720 PARK CENTRAL BLVD., N.

Suite, Apt. #, etc.

City, State

POMPANO BCH.

FL

Zip Code & Country

33064

US

Mailing Address

Address

3720 PARK CENTRAL BLVD., N.

Suite, Apt. #, etc.

City, State

POMPANO BCH.

FL

Zip Code & Country

33064

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

LOMBARDI

JACKIE

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

3720 PARK CENTRAL BLVD., N.

Suite, Apt. #, etc.

City, State

POMPANO BCH.

FL

Zip Code & Country

33064

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

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own RA.

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Registered Agent Signature JACKIE LOMBARDI

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Managing Member/Manager Name and Address

Our database can hold a total of six managers or managing members. If you must list more than six managers or managing members, you must download an annual report, list the additional managers or managing members on an attachment, and submit the filing in paper form along with the appropriate fees.

Title P
Name (Last, First, Middle, Title) LOMBARDI, JACKIE, ,

- OR -

Entity Name to serve as MGR or MGRM

Street Address 3720 PARK CENTRAL BLVD., N.

City, State POMPANO BCH., FL

Zip Code & Country 33064 US

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State , FL

Zip Code & Country US

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State ,

Zip Code & Country

Title

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400970916

#405000006397

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title

Managing Member/Manager Signature JACKIE LOMBARDI

The individual "signing" this document affirms that the facts stated herein are true.

Continue

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Start Over