


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-03-2006 90082 014 ****50.00

DOCUMENT # L05000011809 1. Entity Name ALL TOGETHER BEAUTY SUPPLY LLC					
Principal Place of Business 225 WALKER CIRCLE CRESTVIEW, FL 32539			Mailing Address 225 WALKER CIRCLE CRESTVIEW, FL 32539		
2. Principal Place of Business 4381 S. Fendon Blvd Suite, Apt. #, etc. Suite # 4 City & State Crestview FL Zip 32539		3. Mailing Address Suite, Apt. #, etc. City & State Zip USA		4. FEI Number 74-3139179	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCCOLLOUGH, KATHY 225 WALKER CIRCLE CRESTVIEW, FL 32539			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCOLLOUGH, GREGORY 225 WALKER CIRCLE CRESTVIEW, FL 32539	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCOLLOUGH, KATHY 225 WALKER CIRCLE CRESTVIEW, FL 32539	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCOLLOUGH, KATHY 225 WALKER CIRCLE CRESTVIEW, FL 32539	<input type="checkbox"/> Delete			
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: <i>Kathy E. McCollough</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			31 Jan 06 850.682.6500 Date Daytime Phone #		