


FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90228 043 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000018906			
1. Entity Name THE CHOP SHOP FS SALON LLC			
Principal Place of Business 600 5TH AVE S SAFETY HARBOR, FL 34695 US		Mailing Address 600 5TH AVE S SAFETY HARBOR, FL 34695 US	
2. Principal Place of Business - No P.O. Box # 2475 N McMullen Booth Rd		3. Mailing Address 5030 78th Ave	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite 11	
City & State Clearwater, FL		City & State Pinellas Park, FL	
Zip 33759	Country	Zip 33781	Country
4. FEI Number 20-2401569		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 PLATOW, MIKE 600 5TH AVE SOUTH SAFETY HARBOR, FL 34695		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 760 6th Street South City Safety Harbor FL Zip Code 34695	
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 MIKE PLATOW (NOTE: Registered Agent signature required when reinstating) DATE			
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 MGMR PLATOW, MIKE 600 5TH AVE S SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 760 6th Street South Safety Harbor, FL 34695	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MIKE PLATOW		Date 3/15 (727) 725-0850	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	