
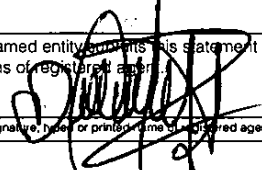
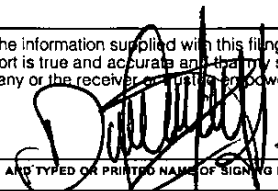


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90139 003 \*\*\*138.75

<b>DOCUMENT # L05000022943</b> 1. Entity Name <b>STYLES SALON &amp; DAY SPA LLC</b>																													
Principal Place of Business <b>214A SOUTHERN BLVD WEST PALM BEACH, FL 33405 US</b>			Mailing Address <b>1135 SWEET VIOLET CT WEST PALM BEACH, FL 33415 US</b>																										
2. Principal Place of Business - No P.O. Box # <b>960 S. Military Trail</b>		3. Mailing Address <b>960 S. Military Trail</b>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>		4. FEI Number <b>20-2366307</b>																									
Zip <b>33415</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
Zip <b>33415</b>		Country <b>USA</b>																											
6. Name and Address of Current Registered Agent  <b>CASTELBLANCO, MAURICIO 214A SOUTHERN BLVD WEST PALM BEACH, FL 33405</b>			7. Name and Address of New Registered Agent Name <b>ORTIZ, DAMARIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>960 S. Military Trail</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33415</b>																										
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 _____																													
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CASTELBLANCO, MAURICIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>214A SOUTHERN BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33405</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ORTIZ, DAMARIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>960 S. Military Trail</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WPB, FL 33415</td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	CASTELBLANCO, MAURICIO		STREET ADDRESS	214A SOUTHERN BLVD		CITY-ST-ZIP	WEST PALM BEACH, FL 33405		TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ORTIZ, DAMARIS		STREET ADDRESS	960 S. Military Trail		CITY-ST-ZIP	WPB, FL 33415	
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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.																													
<b>SIGNATURE:</b>  - MGRM				Date <b>2/13/08</b> Phone # <b>561-8331214</b>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													