

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 11, 2006 8:00 am
Secretary of State

04-13-2006 90030 027 ****50.00

DOCUMENT # L05000023359 1. Entity Name JO'S BEAUTY SALON, LLC					
Principal Place of Business 429 PAGE BACON ROAD MARY ESTHER, FL 32569 US			Mailing Address 429 PAGE BACON ROAD MARY ESTHER, FL 32569 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-248-9461	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HATCH, HYON C 429 PAGE BACON ROAD MARY ESTHER, FL 32569				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 re-registering) 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 HATCH, HYON C 7053 SHELLFISH COURT NAVARRE, FL 32566	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HATCH, PATRICK H 703 SHELLFISH COURT NAVARRE, FL 32566	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <u>Hyon C. Hatch</u>			Date: <u>8 APR 06</u> / <u>850-217-6798</u>		