

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107949

FILED
Apr 26, 2006
Secretary of State

Entity Name: NO TOUCH, LLC

Current Principal Place of Business:

77 SW 8TH AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

830 NORTH KROME AVENUE
HOMESTEAD, FL 33030

Current Mailing Address:

77 SW 8TH AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

815 NORTH HOMESTEAD BLVD
#506
HOMESTEAD, FL 33030

FEI Number: 20-3991801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIE, BECKER
77 SW 8TH AVENUE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

MARIE, BECKER
815 NORTH HOMESTEAD BLVD
#506
HOMESTEAD, FL 33030 US

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.

SIGNATURE: _____

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BECKER, PAUL
Address: 77 SW 8TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: MGRM () Delete
Name: BECKER, MARIE
Address: 77 SW 8TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BECKER, PAUL
Address: 815 NORTH HOMESTEAD BLVD #506
City-St-Zip: HOMESTEAD, FL 33030

Title: MGRM (X) Change () Addition
Name: BECKER, MARIE
Address: 815 NORTH HOMESTEAD BLVD #506
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIE BECKER

MGRM

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date