

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90021 011 \*\*\*\*50.00

**DOCUMENT # L05000108765**

1. Entity Name

FIRST COAST PROPERTY AESTHETICS, LLC



Principal Place of Business

3737 ST. JOHNS BLUFF ROAD  
APT. 1702  
JACKSONVILLE FL 32224

Mailing Address

3737 ST. JOHNS BLUFF ROAD  
APT. 1702  
JACKSONVILLE FL 32224



2. Principal Place of Business

402 13th Ave N

3. Mailing Address

402 13th Ave N

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

1st MOORE

CR2E083 (10/05)

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

4. FEI Number

20-3814662

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

32250

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, CHARLES J II  
3737 ST. JOHNS BLUFF ROAD  
APT. 1702  
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name

Schultz, Charles J II

Street Address (P.O. Box Number is Not Acceptable)

402 13th Ave N

Apt. A

City

Jacksonville Beach

FL

Zip Code

32250

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

*Charles Schultz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-6-06

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SCHULTZ, CHARLES J II  
STREET ADDRESS 3737 ST. JOHNS BLUFF ROAD, APT. 1702  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☐ Addition  
NAME Schultz, Charles J II  
STREET ADDRESS 402 13th Ave N, Apt. A  
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-6-06

Date

904-536-3361

Daytime Phone #