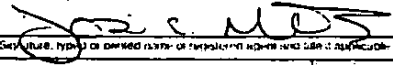


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 10, 2006 8:00 am
Secretary of State

05-15-2006 90239 014 ****50.00

DOCUMENT # L05000109100					
1. Entity Name MILLENIUM BARBER SHOP, LLC					
Principal Place of Business 13222 BOYETTE RD RIVERVIEW FL 33569			Mailing Address 10607 BAMBOO ROD CIRCLE RIVERVIEW FL 33569		
2. Principal Place of Business 13222 Boyette Rd Suite, Apt. #, etc.			3. Mailing Address 13222 Boyette Rd Suite, Apt. #, etc.		
City & State Riverview, FL		City & State Riverview, FL		4. FEI Number 20-3775493 Applied For	
Zip 33569	Country Hillborough	Zip 33569	Country Hillborough	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYSONET, JOSE E 10607 BAMBOO ROD CIRCLE RIVERVIEW FL 33569				7. Name and Address of New Registered Agent Jose E. Maysonet 13222 Boyette Rd Riverview, FL 33569	
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 				DATE 5/8/06	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYSONET, JOSE E 10607 BAMBOO ROD CIRCLE RIVERVIEW FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSS, ISMAEL 8301 N 46 STREET TAMPA FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: 				DATE 6/03/06 (603) 43-1014	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					