

2007

MITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000109100

Entity Name

MILLENNIUM BARBER SHOP, LLC



FILED

2007 MAR 19 AM 9:26

SECRETARY OF STATE



Principal Place of Business

13222 BOYETTE RD
RIVERVIEW FL 33569

Mailing Address

13222 BOYETTE RD
RIVERVIEW FL 33569

2. Principal Place of Business

13222 Boyette RD.

3. Mailing Address

13222 Boyette RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

RIVERVIEW, FL

City & State

RIVERVIEW FL

4. FEI Number

20-3775493

Applied For

Not Applicable

Zip

33569

Country

USA

Zip

33569

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYSONET, JOSE E
13222 BOYETTE RD
RIVERVIEW FL 33569

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MAYSONET, JOSE E
STREET ADDRESS 10607 BAMBOO ROD CIRCLE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE MGR ☐ Delete
NAME COSS, ISMAEL
STREET ADDRESS 8301 N 46 STREET
CITY-ST-ZIP TAMPA FL 33617

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600095245746
03/29/07--01050--007 **50.00

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

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

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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 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:

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

Date

Daytime Phone #

11-20-06

(813) 643-1014