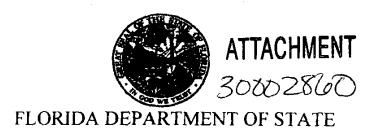
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 22, 2006 8:00 am Secretary of State 03-13-2006 90352 031 ****50.00

DOCUMENT # L05000114615 1. Entity Name NOO STYLE, LLC								2000	0000	
Principel Place of Business 12157 S.APOPKA VINELAND ORLANDO, FL 32836			Mailing Address 12157 S.APOPKA VINELAND ORLANDO, FL 32836							
2. Principal P	lace of Busin	1038	3. Mailing Addross							
Suite, Apt. #, etc.			Suite, Apt. f. stc.			03032006	Chg-LLC	CR	2E083 (11/05)	
City & State			City & State		4. FEI Numb	3857	32		oplied For ot Applicable	
ZIp	Country		Zip Coun		ntry	5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of No	rw Register	ed Agent	
BRADLEY, NICKY MRS 12157 S. APOPKA VINELAND ORLANDO, FL 32838					Street Address (P.O. Box Number is Not Acceptable)					
					City			F	Zip Cod	lo
 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										
		is \$50.00 y 1, 2006		,	·	·	· S. Fic		k payable to timent of Stat	
9. IILE	MGR	MANAGING MEMBER	RS/MANAGERS Delete	. 10.			ADDITIO	INS/CHANG	ES Change	☐ Addition
RAME STREET ADDRESS CITY-ST-ZIP	BRADLEY, NICKY MRS 12157 S. APOPKA VINELAND ROAD ORLANDO, FL 32836			NAM STRE						
TITLE MANE STREET ADDRESS CTTY+ST-ZIP			☐ Deterta		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ocicie	TEPLI MASS STRE					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Debita	TITLE NAM STRE					Change .	Addition
HAME SIREET ADDRESS CITY-SI-ZIP			O Deletta						☐ Change	Addition
TITLE			☐ Ociete	mu					☐ Change	Addition
STREET ADDRESS CITY-ST-ZTP		·	• •, 	• •	E ET ACORESS - ST-ZIP			د <u>د د د د د د د د د د د د د د د د د د </u>		
11. I hersby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 eath; 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 NO PORTITION 1 MAD & STOKE HOT 228 WIND										
SIGNATURE: W. DIO COLON MANAGER OF AUTHORISES AND HOLD DESCRIPTION OF THE PROPERTY AND THE										



Division of Corporations

March 15, 2006

NOO STYLE, LLC 12157 S.APOPKA VINELAND ORLANDO, FL 32836

Subject: NOO STYLE, LLC

Reference Number:

L05000114615

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ci ANNUAL REPORTS SECTION

returned with BOX"4" completed 20 MARCH 2006