

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000020543

1. Entity Name
TRU FASHIONS & BEAUTY SUPPLIES, LLC



Principal Place of Business
115 W. HOWARD STREET
LIVE OAK, FL 32064 US

Mailing Address
115 W. HOWARD STREET
LIVE OAK, FL 32064 US

FILED
Aug 04, 2008 08:00 AM
Secretary of State



08012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1269078

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THARPE, DONALD E
503 ORCHARD STREET
LIVE OAK, FL 32064

**DO NOT WRITE
IN THIS SPACE**

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 Donald Tharpe

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

(NOTE: Registered Agent signature required when reinstating)

8-2-08

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THARPE, DONALD E 503 ORCHARD STREET LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THARPE, JULIE 503 ORCHARD STREET LIVE OAK, FL 32064
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U00000957001
08/04/08-80005-018 138.75

**DO NOT WRITE
IN THIS SPACE**

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: Donald Tharpe

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

8-2-08

Date

386 364 9367

Daytime Phone #