

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90374 013 \*\*\*\*55.00

**DOCUMENT # L06000052387**

1. Entity Name  
C.C. GIANT PET STYLIST, LLC



Principal Place of Business  
1615 NE MIAMI GARDEN DR., APT. 139  
NO. MIAMI, FL 33179

Mailing Address  
P.O. BOX 601423  
MIAMI, FL 33160

**60049188**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**20-4927920**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LACAYO, CARMEN  
1615 NE MIAMI GARDEN DR., APT. 139  
NO. MIAMI, FL 33179

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

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
LACAYO, CARMEN  
1615 NE MIAMI GARDEN DR., APT. 139  
NO. MIAMI, FL 33179 ☐ Delete

TITLE  
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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 #

*Carmen J. Lacayo*  
**CARMEN LACAYO, MGR**

**4/13/07 786-488-5067**