DUCLOUNENT # LOUGOUOUS2007 05-077-2007 90374 013 ****55.00 C.C. GIANT PET STYLIST, LLC Image: Style			. REPORT	/IPANY	FILED May 07, 2007 8:00 Secretary of State	an	
151 St. Ker. MAMI, RADE I, NAP, APT, 139 P.O. B0X 601423 MMMM, FL. 33160 DULY 4 31.83 2. Procipie/Place of Business - No PO. Box # 3. Mating Address Duly 4 31.83 Suite, Apt. #, otc. Suite, Apt. #, etc. Duly 6 31.84 Suite, Apt. #, otc. Suite, Apt. #, etc. Duly 6 51.84 Zip Country Zip Country S. Confront out Status Desired Immediate Status Desired Zip Country Zip Country S. Confront out Status Desired Immediate Status Desired LACAYO, CARMEN 1015 NE MIAMI, FL 33179 Street Address of New Registered Agent 7. Name and Address of New Registered Agent Sitter Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P D. Box Number is Not Acceptable) NO. MAMI, FL 33179 City FL Zip Code Sitter Address of New Registered Agent The above named entity submits this statement for the purpose of changing Its registered office or registered agent, etc base of New Registered Agent Date Signer Made Status Compositiones agent a	1. Entity Nam	ne	387		05-07-2007 90374 013 ****55.00		
Suite. Apl. # etc. Suite. Apl. # etc. 04142007 Chy-LLC CR2ED83 (12/06) Chy & State Zip Country Zip Country Zip Country State State C. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent LACAYO, CARMEN 1051 NE MIAINI GARDEN DR., APT, 139 Norme Street Address (P.O. Box Number is Not Acceptable) NO. MIAMI, FL 33179 Chy FL Zip Code Chy FL Zip Code 8. The above named antity submits in statement for the purpose of changing its registered office or registered agent. Dott Street Address (P.O. Box Number is Not Acceptable) DATE Filing Page is \$50.00 Filing Page is \$50.00 Due by May 1, 2007 100 Middle AGDEN DR., APT. 139 Nate Check payable to Fiorida Department The ADDriftons/Crianges Street Address 10 ADDriftons/Crianges 9. MANAGENG MEMBERS / MANAGENS 10 Change	1615 NE MIAMI GARDEN DR., APT. 139 P.O. BOX 601423						
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11. I hereby certify that the information supplied with this filling 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 postee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	indicated limited lia	on this report is true and accurate and ability company or the receiver or traste	I that my signature shall have	e the same legal effect as	s if made under oath; that I am a managing member or manager of the	e	