


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

01-29-2007 90142 005 ****50.00

| | | | |
|--|---|---|---|
| DOCUMENT # L06000088132 | |  | |
| 1. Entity Name COMPLEXIONS BY CATHERINE LLC | | | |
| Principal Place of Business 2404 RUTH HENTZ AVE. SUITE B PANAMA CITY, FL 32405 US | | Mailing Address 2571 MICHIGAN CT PANAMA CITY, FL 32405 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suits, Apt. #, etc. | | Suits, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 060793025 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BROCK, MARY C 2571 MICHIGAN CT PANAMA CITY, FL 32405 | | 7. Name and Address of New Registered Agent Name: Mary Catherine Cobb Street Address (P.O. Box Number is Not Acceptable): same 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | DATE _____ <small>(NOTE: Registered Agent signature required when relinquishing)</small> | |
| Filing Fee is \$80.00 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 | Owner (Mary Catherine Cobb) <input type="checkbox"/> Delete Mary Catherine Cobb 2571 Michigan Ct. Panama City, FL 32405 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Mary Catherine Brock Cobb | | Date: 1-20-07 850-763-6055 | |

*** SAME OWNER, I GOT *
 * MARRIED IN NOVEMBER ***

30000000



01122007 Chg-LLC CR2E063 (12/06)

