

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-02-2007 90344 010 ****50.00

DOCUMENT # L06000088467 1. Entity Name IN STYLE, LLC					
Principal Place of Business 1727 E. OAK ST. 12 ARCADIA, FL 34266			Mailing Address 1727 E. OAK ST. 12 ARCADIA, FL 34266		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent AMES, ANDREW T 128 WEST OAK STREET ARCADIA, FL 34266			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) 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	MGRM VALDEZ, ERMINIA T 1402 NE LEISURE AVE ARCADIA, FL 34266 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALDEZ, CARLOS S 1402 NE LEISURE AVE ARCADIA, FL 34266 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALDEZ, STEPHANIE 1412 NE SUGARBABE ARCADIA, FL 34266 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Erminia Valdez</u> <u>Erminia Valdez</u> 4/30/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

30009209



04302007 Chg-LLC CR2E083 (12/06)

4. FFL Number **20-5527819** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required