


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90106 010 ****50.00

DOCUMENT # L06000091707 1. Entity Name ELECTROLYSIS BY JANE SOUTHWORTH, LLC		
Principal Place of Business 3431 BONITA BEACH RD., SUITE 208 BONITA SPRINGS, FL 34135		Mailing Address 3431 BONITA BEACH RD., SUITE 208 BONITA SPRINGS, FL 34135
2. Principal Place of Business - No P.O. Box # 9200 Bonita Beach Rd. Suite, Apt. #, etc. 102-A City & State Bonita Springs FL Zip 34135 Country USA	3. Mailing Address 28490 Highgate Dr. Suite, Apt. #, etc. City & State Bonita Springs FL Zip 34135 Country USA	
6. Name and Address of Current Registered Agent SOUTHWORTH, JANE 28490 HIGHGATE DR. BONITA SPRINGS, FL 34135		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: <u>Jane Southworth</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/15/07</u>		
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 SOUTHWORTH, JANE 28490 HIGHGATE DR. BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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>Jane Southworth</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <u>4/15/07</u> DAYTIME PHONE #: <u>(239) 222-1916</u>



01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
☒ Not Applicable

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