

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107896

Entity Name: URBAN STYLES SHOP, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

910 COOPER RIDGE PLACE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

910 COOPER RIDGE PLACE
VALRICO, FL 33594

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, CHARLES K MGR
910 COOPER RIDGE PLACE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEVY, CHARLES
Address: 910 COOPER RIDGE PLACE
City-St-Zip: VALRICO, FL 33594

Title: MGR () Delete
Name: LEVY, SHARON
Address: 910 COOPER RIDGE PLACE
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: LEVY, SHARON
Address: 910 COOPER RIDGE PLACE
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: LEVY, CHARLES
Address: 910 COOPER RIDGE PLACE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES K. LEVY

MGR

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date