


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90025 035 ***143.75

DOCUMENT # L06000108964 1. Entity Name KREWE MARKETING LLC	
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Principal Place of Business 209 S WESTLAND AVE STE ONE TAMPA, FL 33606	Mailing Address 209 S WESTLAND AVE STE ONE TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE

02112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5870566	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COOLEY, CHRISTINE D
209 S WESTLAND AVE STE ONE
POMPANO BEACH, FL 33069
Tampa 33606

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COOLEY, CHRISTINE D 209 S WESTLAND AVE STE ONE TAMPA, FL 33606 <i>Co</i>
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DO NOT WRITE IN THIS SPACE

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: *Christine Cooley* 2/11/08 813-503-4830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DOCUMENT# G07330900060

Fictitious Name to be Registered: FLORIDA BEAUTY SUPPLY

60009405
L06000108964

Mailing Address of Business: 209 S WESTLAND AVENUE
SUITE ONE
TAMPA, FL 33606

Florida County of principal place of business: MULTIPLE

FEI Number:

FILED
Nov 20, 2007
Secretary of State

Owner(s) of Fictitious Name:

COOLEY, CHRISTINE D
209 S WESTLAND AVENUE SUITE ONE
TAMPA, FL 33606

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the electronic signature(s) below shall have the same legal effect as if made under oath.

CHRISTINE D COOLEY

Electronic Signature(s)

11/20/2007

Date

Certificate of Status Requested (X)

Certified Copy Requested ()