

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

03-10-2008 90337 013 ***138.75

DOCUMENT # L07000091928

1. Entity Name
CONCEPT COSMETIC CENTER, LLC



Principal Place of Business

15517 SW 139 COURT
MIAMI, FL 33177 US

Mailing Address

15517 SW 139 COURT
MIAMI, FL 33177 US

30003141

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

03062008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

41-2253555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASTRAN, RAUL E
333-NE-8-STREET
HOMESTEAD, FL 33030

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
HERNANDEZ, JORGE
15517 SW 139 COURT
MIAMI, FL 33177**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/6/08