

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # L10000120075

1. Entity Name

DR. FROGUE'S HAIR SALON, LLC



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2. Principal Place of Business - No P.O. Box #

2535 DR MLK JR ST So

3. Mailing Address

SAME

Suite, Apt. #, ect.

Suite, Apt. #, ect.

CR2E083B (1/11)

City & State

ST PETERSBURG, FLORIDA

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33705

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6.

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7. Name and Address of Current Registered Agent

Name

Anthony Comporetto

Street Address (P.O. Box Number is Not Acceptable)

5340 Central Ave.

City

St. Petersburg

FL

Zip Code

33707

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

DATE

January 1 - May 1, Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

To be used for future annual report notices

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MARM

WILLIAM BENNETT

2535 DR MLK JR ST So

ST PETERSBURG, FLA 33705

RECEIVED
CIU Mail Intake
Stamp #4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JUL 27 2011

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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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.

SIGNATURE: X

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

Date

Daytime Phone

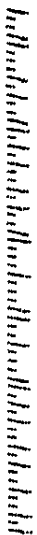
Printed Name 03 2011

2535 DE MILK JR ST. SE
ST PETERSBURG, FLA 33705

RETURN RECEIPT
REQUESTED

DIVISION OF CORPORATIONS
P.O. BOX 6337
1940 N. MOORE STREET
TALLAHASSEE, FLORIDA 32399-0783

32399-0783



7011 0470 0000 7259 0515



CERTIFIED MAIL



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32399

\$5.15

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U.S. POSTAGE
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