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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -3 PM 2:25

CR2E083B (1/11)

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2535 DR MLK JR ST S	SAME
Suite, Apt. #, ect.	Suite, Apt. #, ect.
City & State: ST PETERSBURG, FLORIDA	City & State
Zip: 33705 Country: USA	Zip Country

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. **DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Anthony Comparetto

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

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	MGRM
NAME	WILLIAM BENNETT
STREET ADDRESS	2535 DR MLK JR ST S
CITY-ST-ZIP	ST PETERSBURG, FLA 33705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 consitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X William Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone#

AUG 03 2011

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2535 Dr MLK Jr St So
St Petersburg, FLA 33705

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7011 0470 0000 7259 0515

UNITED STATES POSTAL SERVICE

1000

32399

U.S. POSTAGE PAID
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33705
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RETURN RECEIPT REQUESTED

Division of Corporations
P.O. Box 6327
1940 No Monroe Street
Tallahassee, Florida 32399-0783

32399+0783