


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED <i>W8/25</i> 99 AUG 23 AM 8:46	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE FLORIDA					
1. Name and Mailing Address of Limited Liability Company DOWNTOWN HAIR SALON, L.C. 224 SOUTH MISSOURI AVENUE LAKELAND FL 33801				DOCUMENT # L98000001884			
2. Principal Place of Business <i>224 S MISSOURI AVE</i> Suite, Apt. #, etc.		2a. Mailing Address <i>224 S MISSOURI AVE</i> Suite, Apt. #, etc.		3. Date Organized or Qualified 09/16/1998		3a. State of Formation FL	
City & State LAKELAND, FLORIDA		City & State LAKELAND, FLORIDA		4. FEI Number 593532770		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33801		Country POLK		5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent PEACHEE, KATHY 247 MARCUM TRACE LAKELAND FL 33809				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <i>Kathy Lyons</i> DATE <i>8-20-99</i> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)							
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code			
MGRM PEACHEE, KATHY		247 MARCUM TRACE		LAKELAND FL			
MGRM LYONS, RUTH		2450 ASHLING DRIVE		LAKELAND FL			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #							

2

8-20-99

To whom it May Concern:

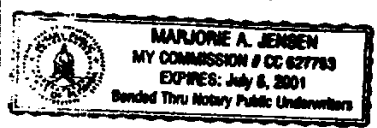
We (Kathy Leach & Lull Lyons) owners
of Downtown Hair Salon received a second
a final notice never a first notice of
an Annual Report.

We were told on August 17, 1999
to send affidavit explaining that, with
a check for \$188.25, and this matter
would be taken care of.

If anything else is needed please
contact Downtown Hair Salon 941-683-0065.

Marjorie A. Jensen

Marjorie A. Jensen



Thank you
Lull Lyons

owner:

owner Kathleen A Leach

SECRETARY OF STATE
TALLAHASSEE FL 32304

99 AUG 23 AM 8:45

FILED

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L98000003237

~~VGIP ASSOCIATES, LLC~~
~~2295 CORPORATE BOULEVARD NW, 125~~
~~C/O SEVELL REALTY PARTNERS~~
~~BOCA RATON FL 33431~~

1a. Principal Place of Business Address

~~2295 CORPORATE BOULEVARD NW,~~
~~C/O SEVELL REALTY PARTNERS~~
~~BOCA RATON FL 33431~~

2 Principal Place of Business
~~1532 - 1562 J.E. VILLAGE GREEN~~
~~DE~~
Suite, Apt. #, etc.

2a. Mailing Address
~~90 SOUTH COAST, INC~~
~~P.O. Box 3059~~
Suite, Apt. #, etc.

City & State
~~Pt. St. Lucie, Florida~~

City & State
~~STUART, FL~~

Zip
~~34952~~
Country
~~USA~~

Zip
~~34995~~
Country
~~USA~~

3. Date Organized or Qualified

12/14/1998

3a. State of Formation

FL

4. FEI Number

13-4035502

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

CORPORATION SERVICE, COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

13. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DAVIS, BARRY M	301 FIELDS LANE	BREWSTER NY
MGRM	GAMAR, PETER	301 FIELDS LANE	BREWSTER NY

100002970371--5
-08/26/99--01004--008
****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #