

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000005383

1. Entity Name
L STYLES, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -3 AM 9:59

Principal Place of Business
832 GREENWAY DR.
CORAL GABLES, FL 33134

Mailing Address
832 GREENWAY DR.
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



07032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1133490

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACK, LEA
832 GREENWAY DR.
CORAL GABLES, FL 33134

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: BLACK, LEA
STREET ADDRESS: 832 GREENWAY DR.
CITY-ST-ZIP: CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/12/06 90086 012 \$50.00

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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:

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

7/3/06 305-371-6421

Date

Daytime Phone #