

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90421 035 \*\*\*\*50.00

**DOCUMENT # M01000002853**

1. Entity Name  
HCFM, LLC



Principal Place of Business  
1515 S. FEDERAL HIGHWAY, SUITE 401  
BOCA RATON, FL 33432

Mailing Address  
1515 S. FEDERAL HIGHWAY, SUITE 401  
BOCA RATON, FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162004 Chg-LLC CR2E083 (10/03)

4. FEI Number

22-3839397

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

ZELDIS, LUBA  
% HAIR CLUB FOR MEN, LTD., INC.  
1515 S. FEDERAL HIGHWAY, SUITE 401  
BOCA RATON, FL 33432

Name  
**DAVID O'TOOLE % HAIR CLUB FOR MEN, LTD., INC.**  
Street Address (P.O. Box Number is Not Acceptable)

**1515 S. FEDERAL HIGHWAY, SUITE 401**  
City **BOCA RATON** FL Zip Code **33432**

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

(NOTE: Registered Agent signature required when reinstating)

**1/16/04**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HAIR CLUB FOR MEN LTD., INC.  
1515 S. FEDERAL HIGHWAY, SUITE 401  
BOCA RATON, FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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CITY - ST - ZIP  
☐ Change ☐ Addition

11. I 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 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]* **DAVID E. O'TOOLE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/16/04**  
Date

**561-361-7600**  
Daytime Phone #