

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90083 018 ****50.00

DOCUMENT # M05000005890

1. Entity Name
SKINZWRAPS MIAMI LLC



Principal Place of Business
**10769 NW 23RD STREET
MIAMI, FL 33172**

Mailing Address
**10769 NW 23RD STREET
MIAMI, FL 33172**

20004909



2. Principal Place of Business

3. Mailing Address

10050 NW 6th Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-LLC CR2E083 (11/05)

City & State

City & State
Miami, FL

4. FEI Number
20-3370266

Applied For
Not Applicable

Zip

Country

Zip
33172

Country
USA

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

**SMITH, THOMAS P
4651 NW 94TH CT.
MIAMI, FL 33178**

Name
Myra McKee

Street Address (P.O. Box Number is Not Acceptable)
10050 NW 6th Terr

City
Miami

FL

Zip Code
33172

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

(NOTE: Registered Agent signature required when reinstating)

1/30/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MCKEE, CHRISTOPHER J
10050 NW 6TH TERR.
MIAMI, FL 33172** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MCKEE, MYRA
10050 NW 6TH TERR.
MIAMI, FL 33172** ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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 606, Florida Statutes.

SIGNATURE: **Myra McKee**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #