

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001830

Entity Name: RESTYLERS' CHOICE, LLC

FILED
Aug 21, 2008
Secretary of State

Current Principal Place of Business:

5591 COMMONWEALTH ROAD
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

59 TECH VIEW DRIVE
CINCINNATI, OH 45215

New Mailing Address:

FEI Number: 20-1222692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KRASNE, RICHARD
Address: 5923 GATEWAY WEST
City-St-Zip: EL PASO, TX 79925

Title: MGR () Delete
Name: KRASNE, ALAN
Address: 5923 GATEWAY WEST
City-St-Zip: EL PASO, TX 79925

Title: MGR () Delete
Name: JACOBS, DOUGLAS
Address: 59 TECH VIEW DRIVE
City-St-Zip: CINCINNATI, OH 45215

Title: MGR () Delete
Name: JACOBS, KATHY
Address: 59 TECH VIEW DRIVE
City-St-Zip: CINCINNATI, OH 45215

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHY JACOBS

MGR

08/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date