

=====
BUS ID: 11526 BUS NAME: 4 YOUR OCCASIONS TOTAL LICENSES: 1
=====

BUS ADD'L:
BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

Business Address: Billing/Mailing Address:

4 YOUR OCCASIONS, LLC 4 YOUR OCCASIONS, LLC
12315 VETERANS MEMORIAL HWY 12315 VETERANS MEMORIAL HWY
DOUGLASVILLE, GA 30134 ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134

Ph: Ph:
Fax: Fax:
Car-Rt: Car-Rt:

Business Contact:

Name: JERNICE SPEER Name 2:
Ph: (404) 428-6951
Email: 4YOUROCCASIONS1@GMAIL.COM

=====
BUS ID: 11522 BUS NAME: AASSENTIAL RENEWAL HEALTH & WELLNESS RETREAT TOTAL LICENSES: 1
=====

BUS ADD'L:
BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

Business Address: Billing/Mailing Address:

AASSENTIAL RENEWAL HEALTH & WELLNESS RETREAT AASSENTIAL RENEWAL HEALTH & WELLNESS RETREAT
8641 DORRIS RD SUITE 150C 5798 EPPING COURT
DOUGLASVILLE, GA 30134 ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30135

Ph: (404) 635-6812 Ph:
Fax: Fax:
Car-Rt: Car-Rt:

Business Contact:

Name: ALLISA GREEN Name 2:
Ph: (256) 390-1520
Email: AASSENTIALRENEWAL@GMAIL.COM

=====
BUS ID: 11523 BUS NAME: AHS CONSTRUCTION, LLC TOTAL LICENSES: 1
=====

BUS ADD'L:
BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

Business Address: Billing/Mailing Address:

AHS CONSTRUCTION, LLC AHS CONSTRUCTION, LLC
12895 SW 132ND ST 1851 MARKET ST. SUITE 200
OUT OF STATE LOCATION ATTN: BUSINESS OWNER
MIAMI, FL 33186 DOUGLASVILLE, GA 30135

Ph: (305) 255-5527 Ph:
Fax: Fax:
Car-Rt: Car-Rt:

BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
BEAUTY BEYOND BUNDLES                          BEAUTY BEYOND BUNDLES
6194 FIELDSTONE DR                             6194 FIELDSTONE DR
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: SHEINICE FITZ                             Name 2:
Ph: (478) 714-2848
Email: SHEINICE23@GMAIL.COM

```

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=====
BUS ID:      11514          BUS NAME:  BENOEX ACCOUNTING AND TAX SERVICES          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
BENOEX ACCOUNTING AND TAX SERVICES             BENOEX ACCOUNTING AND TAX SERVICES
8819 W CHASE DR                               8819 W CHASE DR
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: REXIFORD KONADU                          Name 2:
Ph: (404) 580-6125
Email: REXXKONADU@GMAIL.COM

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=====
BUS ID:      11544          BUS NAME:  CARE PLAN USA, LLC          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
CARE PLAN USA, LLC                            CARE PLAN USA, LLC
7193 DOUGLAS BLVD SUITE 208                  7193 DOUGLAS BLVD SUITE 208
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE , GA 30135                     DOUGLASVILLE , GA 30135

Ph: (818) 492-1466 + 101                      Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: GEORGIA DOWNES                          Name 2:
Ph: (770) 369-1870
Email: GEORGIA.DOWNES@CAREPLANUSA.COM

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=====
BUS ID:      11531          BUS NAME:  CHAOS AND BOO BOOS ANTIQUE & VINTAGE          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
CHAOS AND BOO BOOS ANTIQUE & VINTAGE          CHAOS AND BOO BOOS ANTIQUE & VINTAGE
13021 VETERANS MEMORIAL HWY                   13021 VETERANS MEMORIAL HWY
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: STEVEN LOFT                               Name 2:DON ROBINETTE
Ph: (404) 450-1593
Email: LOTTSTREASURES@GMAIL.COM

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=====
BUS ID:      11539          BUS NAME:    CKNG HOME IMPROVEMENTS AND REMODELING          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
CKNG HOME IMPROVEMENTS AND REMODELING        CKNG HOME IMPROVEMENTS AND REMODELING
1488 CAVE SPRINGS RD                          1488 CAVE SPRINGS RD
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: GARY GEORGE                               Name 2:NORMA GEORGE
Ph: (678) 651-7004
Email: GEORGE GARY LEON@GMAIL.COM

```

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=====
BUS ID:      11546          BUS NAME:    COMFORT INN & SUITES NEAR SIX FLAGS          TOTAL LICENSES:      1
=====

```

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BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
SSM HOTEL, LLC                                SSM HOTEL, LLC
960 W POINTE CT                              960 W POINTE CT
                                                ATTN: BUSINESS OWNER
LITHIA SPRINGS, GA 30122                     LITHIA SPRINGS, GA 30122

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: MI HAN                                    Name 2:SOON HAN
Ph: (423) 847-5739
Email: MHAN@BOMIHOTELS.COM

```

```

=====
BUS ID:      11530          BUS NAME:    CRU          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
SILVERLINKS ENTERPRISES, LLC                   SILVERLINKS ENTERPRISES, LLC
8440 COURTHOUSE SQUARE E                       3605 LONG LAKE DR.
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       DOUGLASVILLE , GA 30135

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: PORCHE' PERRYMAN                         Name 2:MICHELE PERRYMAN
Ph: (404) 621-8502
Email: SILVERLINKSENERPRISESLLC@GMAIL.COM

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=====
BUS ID:      11536          BUS NAME:    DIVINE RESTORATION HEALTHCARE, INC.          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
DIVINE RESTORATION HEALTHCARE, INC.            DIVINE RESTORATION HEALTHCARE, INC.
7736 PARKSIDE DR                               7736 PARKSIDE DR
                                                ATTN: BUSINESS OWNER
LITHIA SPRINGS, GA 30122                       LITHIA SPRINGS, GA 30122

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: OKAFOR T. ONYAKA                         Name 2:IFUNANYA CHINELO ONYAKA
Ph: (678) 398-6888
Email: THEO0NYAKA@YAHOO,COM

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=====
BUS ID:      11540          BUS NAME:    DONALD STALLWORTH II          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
DONALD STALLWORTH II                           DONALD STALLWORTH II
12461 VETERANS MEMORIAL HWY SUITE 747          3184 ANCOATS ST
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       DOUGLASVILLE , GA 30135

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: DONALD STALLWORTH II                     Name 2:
Ph: (404) 934-9970
Email: DSTALLWORTH014@GMAIL.COM

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=====
BUS ID:      11533          BUS NAME:    E-Z RIDEZ TRANSPORTATION SERVICES, LLC          TOTAL LICENSES:      1
=====

```

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BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
E-Z RIDEZ TRANSPORTATION SERVICES, LLC         E-Z RIDEZ TRANSPORTATION SERVICES, LLC
8579 BRAYLEN MANOR DR                          8579 BRAYLEN MANOR DR
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: KIMBERLY NANCE                           Name 2:
Ph: (404) 957-8254
Email: EZRIDEZ225@GMAIL.COM

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=====
BUS ID:      11548          BUS NAME:  GARCON MANIQUE' BRAND          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
GARCON MANIQUE' BRAND                          GARCON MANIQUE' BRAND
1014 PRESTON LANDING CIR                      618 THORNTON RD. 3 PMB 268
                                                BUSINESS OWNER
LITHIA SPRINGS, GA 30122                     LITHIA SPRINGS, GA 30122

Ph: (404) 682-1848                            Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: DENICE TODD                             Name 2:
Ph: (909) 534-5889
Email: INFO@GARCONMANIQUEBRAND.COM

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=====
BUS ID:      11527          BUS NAME:  GENERAL FREIGHT HAULING, LLC    TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
GENERAL FREIGHT HAULING, LLC                   GENERAL FREIGHT HAULING, LLC
8733 DANLEY DR                                 8733 DANLEY DRIVE
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE , GA 30135                     DOUGLASVILLE , GA 30135

Ph: (404) 913-9533                            Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: KESHWAN AMOR                           Name 2:
Ph: (678) 733-2039
Email: K.AMOR@GENERALFREIGHTHAULING.COM

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=====
BUS ID:      11521          BUS NAME:  GRACE MASSAGE & BODYWORKS, LLC  TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
GRACE MASSAGE & BODYWORKS, LLC                 GRACE MASSAGE & BODYWORKS, LLC
8697 HOSPITAL DR SUITE 202                     8697 HOSPITAL DR SUITE 202
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:      (678) 826-9922                       Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: STEPHANIE DANNA WROBLEWSKI              Name 2:
Ph:      (678) 836-7848
Email: INFO@GRACEMASSAGE.COM

```

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=====
BUS ID:      11518          BUS NAME:  GRACEFUL FACE          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
GRACEFUL FACE                                  GRACEFUL FACE
6404 CARDIFF LN                                6404 CARDIFF LN
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                           Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: GAIL ROUSE                               Name 2:
Ph:      (404) 702-0283
Email: GAILVROUSE@GMAIL.COM

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=====
BUS ID:      11542          BUS NAME:  HERITAGE HOME RENTALS, LLC  TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
HERITAGE HOME RENTALS, LLC                     HERITAGE HOME RENTALS, LLC
8329 OFFICE PARK DR                            8329 OFFICE PARK DR
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:      (678) 540-8650                       Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: STUART LEDFORD                           Name 2: CATHERINE LEDFORD
Ph:      (404) 569-6109
Email: STUART@RENTWITHHERITAGE.COM

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=====
BUS ID:      11515          BUS NAME:  INFINITY SCAPES, LLC        TOTAL LICENSES:      1
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BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
INFINITY SCAPES, LLC                            INFINITY SCAPES, LLC
5021 MANNING DR                                2727 SKYVIEW DRIVE BOX 141
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE , GA  30135                    DOUGLASVILLE , GA  30135

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: ANTHONY BUIS                               Name 2:
Ph: (678) 887-4157
Email: INFINITYSCAPES100@GMAIL.COM

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=====
BUS ID:      11516          BUS NAME:    JNM COLLECTION AGENCY, LLC          TOTAL LICENSES:      1
=====
BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
JNM COLLECTION AGENCY, LLC                     JNM COLLECTION AGENCY, LLC
8316 DURALEE LN SUITE 107                     1099 FLAMINGO DRIVE
                                                ATTN: BUSINESS L
DOUGLASVILLE, GA  30134                    DOUGLASVILLE, GA  30134

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: JAMAL MACK                               Name 2:
Ph: (213) 348-8464
Email: JAMALNMACK15@GMAIL.COM

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=====
BUS ID:      11513          BUS NAME:    LE' EMPRESS OASIS DAY SPA, LLC        TOTAL LICENSES:      1
=====
BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
LE' EMPRESS OASIS DAY SPA, LLC                 LE' EMPRESS OASIS DAY SPA, LLC
5846 STEWART PKWY SUITE B                     5846 STEWART PKWY
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE , GA  30135                    DOUGLASVILLE , GA  30135

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: WANDA D. MILLER                           Name 2:
Ph: (678) 684-7267
Email: MRZWANDADMILLER@GMAIL.COM

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=====
BUS ID:      11534          BUS NAME:    LEGACY HALL EVENT CENTER, LLC        TOTAL LICENSES:      1
=====
BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
LEGACY HALL EVENT CENTER, LLC                 LEGACY HALL EVENT CENTER, LLC
6472 CHURCH ST SUITE K                       6472 CHURCH ST SUITE K
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                   DOUGLASVILLE, GA 30134

Ph:      (470) 227-0611                       Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name:  CHERYL TIBBS                           Name 2:MARIAH TIBBS
Ph:    (678) 314-0330
Email: CTIBBS2@OUTLOOK.COM

```

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=====
BUS ID:      11532          BUS NAME:  LIVE LIFE WITH PURPOSE INTERNATIONAL INC.      TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
LIVE LIFE WITH PURPOSE INTERNATIONAL INC.     LIVE LIFE WITH PURPOSE INTERNATIONAL INC.
8579 BRAYLEN MANOR DR                       8579 BRAYLEN MANOR DR
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                   DOUGLASVILLE, GA 30134

Ph:      (678) 252-6926                       Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name:  KIMBERLY NANCE                         Name 2:
Ph:    (404) 957-8254
Email: INFO@LIVELIFEWITHPURPOSEINTL.ORG

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=====
BUS ID:      11535          BUS NAME:  LMVR CLEANING SERVICES, LLC          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
LMVR CLEANING SERVICES, LLC                 LMVR CLEANING SERVICES, LLC
6190 COOPER ST                              6190 COOPER ST
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                   DOUGLASVILLE, GA 30134

Ph:                                           Ph:
Fax:                                         Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name:  CAMILA ROJAS                           Name 2:
Ph:    (470) 473-2132
Email: CAMIGONTA@GMAIL.COM

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=====
BUS ID:      11525          BUS NAME:  MOORE ELITE TRUCKING, LLC          TOTAL LICENSES:      1
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BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
MOORE ELITE TRUCKING, LLC                       MOORE ELITE TRUCKING, LLC
6304 WELLINGTON CT                             6304 WELLINGTON CT
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: ANTWAAN J. MOORE                         Name 2:
Ph: (470) 378-9835
Email: MOOREELITETRUCKING@GMAIL.COM

```

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=====
BUS ID:      11524          BUS NAME:  NEXT STEP COMMUNITY CENTER          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Exempt

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
NEXT STEP COMMUNITY CENTER                     NEXT STEP COMMUNITY CENTER
8271 CEDAR MOUNTAIN RD                       8271 CEDAR MOUNTAIN RD
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: APRIL LOVE                               Name 2: JASON PROTHRO
Ph: (678) 503-2950
Email: NEXTSTEPCTR@GMAIL.COM

```

```

=====
BUS ID:      11537          BUS NAME:  PALDOR PROPERTIES, LLC          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
PALDOR PROPERTIES, LLC                       PALDOR PROPERTIES, LLC
939 BOB ARNOLD BLVD SUITE D                 651 HEARDS FERRY RD.
                                                ATTN: BUSINESS OWNER
LITHIA SPRINGS, GA 30122                     ATLANTA, GA 30328

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: SHEVIN POLLYDORE                       Name 2:
Ph: (404) 667-7208
Email: SPOLLYDORE@COMCAST.NET

```

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=====
BUS ID:      11541          BUS NAME:  PREMIER IMPULSE, LLC          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

Business Address:

PREMIER IMPULSE, LLC
12461 VETERANS MEMORIAL HWY SUITE 743

DOUGLASVILLE, GA 30134

Ph: (470) 459-6294
Fax:
Car-Rt:

Billing/Mailing Address:

PREMIER IMPULSE, LLC
12461 VETERANS MEMORIAL HWY SUITE 743
ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134

Ph:
Fax:
Car-Rt:

Business Contact:

Name: DESTINY SIMS
Ph: (770) 853-1157
Email: CONTACT@PREMIERIMPULSE.COM

Name 2: JOSHUA FIGGINS

=====

BUS ID:	11547	BUS NAME:	RM LANDSCAPE	TOTAL LICENSES:	1
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BUS ADD'L:
BUS TYPE: RESIDENTIAL -- RESIDENTIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

Business Address:

RM LANDSCAPE
6846 JOHN CLARK DR

DOUGLASVILLE, GA 30134

Ph: (404) 790-6954
Fax:
Car-Rt:

Billing/Mailing Address:

RM LANDSCAPE
6846 JOHN CLARK DR
ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134

Ph:
Fax:
Car-Rt:

Business Contact:

Name: REYNALDO MIRAMONTES
Ph: (404) 234-7607
Email: REYMIRA@LIVE.COM

Name 2:

=====

BUS ID:	11517	BUS NAME:	SHADES OF ICE	TOTAL LICENSES:	1
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BUS ADD'L:
BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

Business Address:

SHADES OF ICE, LLC
7191 DOUGLAS BLVD SUITE B

DOUGLASVILLE, GA 30134

Ph: (678) 324-0691
Fax:
Car-Rt:

Billing/Mailing Address:

SHADES OF ICE, LLC
7191 DOUGLAS BLVD SUITE B
ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134

Ph:
Fax:
Car-Rt:

Business Contact:

Name: ZINA JOHNSON
Ph: (901) 318-2025
Email: SHAVEDICE55@GMAIL.COM

Name 2: TERJERIKA TUNSTALL

=====

BUS ID:	11545	BUS NAME:	SOLAR SYSTEM SOLUTION	TOTAL LICENSES:	1
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BUS ADD'L:
BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
SOLAR SYSTEM SOLUTION                          SOLAR SYSTEM SOLUTION
8336 DURALEE LN                                8336 DURALEE LN
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE , GA 30135                    DOUGLASVILLE , GA 30135

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: JUAN CAMAYO                               Name 2:
Ph: (470) 756-2958
Email: CAMAYOJUAN13@ICLOUD.COM

```

```

=====
BUS ID:      11528          BUS NAME:  SWEET GLAM LIFE, LLC          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:   COMMERCIAL -- COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
SWEET GLAM LIFE, LLC                          SWEET GLAM LIFE, LLC
9459 HIGHWAY 5 SUITE C-D                      9459 HIGHWAY 5 SUITE C-D
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                    DOUGLASVILLE, GA 30134

Ph: (888) 802-7257                            Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: SHEBA RASHEED                             Name 2:
Ph: (954) 288-6929
Email: INFO@SWEETGLAMLIFE.NET

```

```

=====
BUS ID:      11519          BUS NAME:  VISIONZ PROCESS SERVING & INVESTIGATIVE SOLUTITOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:   RESIDENTIAL -- RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
VISIONZ PROCESS SERVING & INVESTIGATIVE SOLUTIONS, VISIONZ PROCESS SERVING & INVESTIGATIVE SOLUTIONS, LLC
9420 PARKWOOD AVE                             7421 DOUGLAS BLVD. SUITE N437
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE , GA 30135                    DOUGLASVILLE , GA 30135

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: KRISTOPHER BARNES                         Name 2:
Ph: (404) 662-6524
Email: VISIONZF515@OUTLOOK.COM

```

```

=====
BUS ID:      11529          BUS NAME:  WELLSTAR CREEKSIDE PEDIATRICS @ PRESTLEY MILL TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:   COMMERCIAL -- COMMERCIAL BUSINESS
BUS STATUS: Exempt

```

BUSINESS INFORMATION

Business Address:

WELLSTAR CREEKSIDE PEDIATRICS @ PRESTLEY MILL
6043 PRESTLEY MILL RD SUITE E

DOUGLASVILLE, GA 30134

Ph: (470) 956-1363

Fax:

Car-Rt:

Business Contact:

Name: ROSE LYNN

Ph: (470) 956-1363

Email: BUSINESSLICENSE@WELLSTAR.ORG

Billing/Mailing Address:

WELLSTAR CREEKSIDE PEDIATRICS @ PRESTLEY MILL
1800 PARKWAY PLACE SUITE 500

ATTN: BUSINESS OWNER

MARIETTA, GA 30067

Ph:

Fax:

Car-Rt:

Name 2:

TOTALS --

Businesses:

36

Licenses:

36