

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000025678

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** MARIE CLAUDIO BEAUTY CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

1724 E HWY 50  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

10000 KERSEY ST  
APT 10323  
DAVENPORT, FL 33897

**New Mailing Address:**

1724 E HWY 50  
CLERMONT, FL 34711

**FEI Number:** 80-0390415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLAUDIO, MARIE  
10000 KERSEY ST  
APT 10323  
DAVENPORT, FL 33897 US

**Name and Address of New Registered Agent:**

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: MGRM  
Name: CLAUDIO, MARIE  
Address: 10000 KERSEY ST, APT 10323  
City-St-Zip: DAVENPORT, FL 33897

I hereby 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: MARIE CLAUDIO

MGRM

04/27/2012

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