

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90503 039 *****50.00

DOCUMENT # L02000008443

1. Entity Name

BEAUTYSAK, LLC



Principal Place of Business

2792 SUMMERDALE DR
CLEARWATER FL 33761

Mailing Address

2787 NEWBERN WAY
CLEARWATER FL 33761

2. Principal Place of Business

4124 Little Road

3. Mailing Address

4124 Little Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Trinity FL

City & State

Trinity FL

Zip

34655

Country

US

Zip

34655

Country

US

4. FEI Number

04-3632403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEFEBVRE, SOFIA
2787 NEWBERN WAY
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

Sofie Lefebvre

Street Address (P.O. Box Number is Not Acceptable)

4124 Little Road

City

Trinity

FL

Zip Code

34655

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

Sofie Lefebvre

(Signature, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LEFEBVRE, SOFIA
STREET ADDRESS 2787 NEWBERN WAY
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

Sofie Lefebvre

727-569-0175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #