

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012903

Entity Name: BELLAMI SALON & SPA, LLC

FILED  
Jan 28, 2009  
Secretary of State

**Current Principal Place of Business:**

17395 NORTH BAY RD., STE. 104  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17395 NORTH BAY RD., STE. 104  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

FEI Number: 74-3045661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIFSHITZ, DANA  
17395 NORTH BAY RD., STE. 104  
SUNNY ISLES BEACH, FL 33160 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 ( ) Delete  
Name: LIFSHITZ, NIRA  
Address: 7437 SW 8TH COURT  
City-St-Zip: N LAUDERDALE, FL 33068

Title: MGR ( ) Delete  
Name: LIFSHITZ, DANA  
Address: 17395 NORTH BAY RD., STE. 104  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES:**

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: DANA LIFSHITZ

MGR

01/28/2009

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