

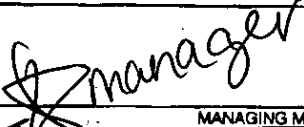
FILED
Feb 26, 2003 8:00 am
Secretary of State

01-15-2003 90052 041 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

1/1

1/1:

DOCUMENT # L02000020987			
1. Entity Name PERMANENT COSMETICS BY KRISTA, LLC			
Principal Place of Business C/O KRISTA BUTLER 25211 BAY CEDAR DRIVE BONITA SPRINGS FL 34134		Mailing Address C/O KRISTA BUTLER 25211 BAY CEDAR DRIVE BONITA SPRINGS FL 34134	
2. Principal Place of Business 25210 Terrene Ct. #105 Suite, Apt. #, etc. Bonita Springs, FL City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 34135	Country USA	Zip	Country
4. FEI Number 01-0766687		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BUTLER, KRISTA 25211 BAY CEDAR DRIVE BONITA SPRINGS FL 34134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP KRISTA L. BUTLER - manager 25211 Bay Cedar Drive Bonita Springs, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  REQUIRED

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

Date

Daytime Phone #

CR20083 (10/02)