FILED
Feb 26, 2003 8:00 am
Secretary of State
01-15-2003 90052 041 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020987

1. Entity Name
PERMANENT COSMETICS BY KRISTA, LLC

Principal Place of Business	Mailing Address
C/O KRISTA BUTLER 25211 BAY CEDAR DRIVE BONITA SPRINGS FL 34134	C/O KRISTA BUTLER 25211 BAY CEDAR DRIVE BONITA SPRINGS FL 34134

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8870 Terrene Ct. #105	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Bonita Springs, FL	
City & State	City & State
Zip 34135 / Country U.S.A.	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	7. Name and Address of New Registered Agent
BUTLER, KRISTA 25211 BAY CEDAR DRIVE BONITA SPRINGS FL 34134	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Manager

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	~~[illegible]~~ KRISTA L. BUTLER - Manager 25211 Bay Cedar Drive Bonita Springs, FL 34134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Krista L. Butler REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #