

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023802

Entity Name: ALLURE ET BEAUTE, LLC

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

4951 TAMIAMI TRAIL NORTH
108
NAPLES, FL 34103

Current Mailing Address:

4951 TAMIAMI TRAIL NORTH
108
NAPLES, FL 34103

New Principal Place of Business:

4951 TAMIAMI TRAIL NORTH
8
NAPLES, FL 34103

New Mailing Address:

4951 TAMIAMI TRAIL NORTH
8
NAPLES, FL 34103

FEI Number: 22-3872565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERS, WILLIAM E
4951 TAMIAMI TRAIL NORTH
108
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

CAPES, MARIE
4040 OLD TRAIL WAY
NAPLES, FL 34103 US

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: MARIE CAPES

04/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEYERS, WILLIAM E
Address: 7725 PEBBLE CREEK CIR APT 303
City-St-Zip: NAPLES, FL 34108

Title: MGR (X) Delete
Name: CAPES, MARIE
Address: 4785 MARTINIQUE WAY
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAPES, MARIE
Address: 4040 OLD TRAIL WAY
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIE CAPES

MGR

04/29/2006

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