

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031241

Entity Name: BEAUTY BAZAAR LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

5283 WEST ATLANTIC AVENUE
BOOTHES 58 TO 60
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5283 WEST ATLANTIC AVENUE
BOOTHES 58 TO 60
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 82-0571524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOLK, ARTHUR A
5170 PALAZZO PLACE
BOYNTON BEACH, FL 33437 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: SHOLK, ARTHUR A
Address: 5170 PALAZZO PLACE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: MGRM () Delete
Name: REINER, STUART
Address: 14475 STRATHMORE LANE, APT. 307, BLDG. 7
City-St-Zip: DELRAY BEACH, FL 33436 US

Title: MGRM () Delete
Name: COHEN, MICHAEL
Address: 347 BILTMORE LANE.
City-St-Zip: SOMERSET, NJ 08873 US

ADDITIONS/CHANGES:

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

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: ARTHUR A. SHOLK

MGRM

03/19/2009

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