

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 19, 2007 08:00 AM  
Secretary of State

DOCUMENT # L03000010607

1. Entity Name

BEAUTY RAY, L.L.C.



Principal Place of Business

1138 N.W. 83 AVE.  
CORAL SPRINGS FL 33071

Mailing Address

1138 N.W. 83 AVE.  
CORAL SPRINGS FL 33071



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-5468105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

MARC, DARRELL  
1138 NW 83 AVE.  
CORAL SPRINGS FL 33071

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete  
NAME: MARC, SARA  
STREET ADDRESS: 1138 N.W. 83 AVE.  
CITY- ST- ZIP: CORAL SPRINGS FL 33071

TITLE: MGR ☐ Delete  
NAME: MARC, DARRELL  
STREET ADDRESS: 1138 N.W. 83 AVE.  
CITY- ST- ZIP: CORAL SPRINGS FL 33071

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NAME:  
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CITY- ST- ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Darrell Marc* DARRELL MARC

3/15/07

854 752 4759

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

Date

Daytime Phone #