

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035185

FILED  
Jul 03, 2007  
Secretary of State

Entity Name: ESTHETIC CONNECTION, LLC

**Current Principal Place of Business:**

1197 SW 4TH TERRACE  
POMPAÑO BEACH, FL 33060

**New Principal Place of Business:**

468 MAGNOLIA ST  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

1197 SW 4TH TERRACE  
POMPAÑO BEACH, FL 33060

**New Mailing Address:**

468 MAGNOLIA ST  
ORMOND BEACH, FL 32176

FEI Number: 36-4539893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BRANNON, PORTIA L  
1197 SW 4TH TERRACE  
POMPAÑO BEACH, FL 33060      US

**Name and Address of New Registered Agent:**

BRANNON, PORTIA L  
468 MAGNOLIA ST  
ORMOND BEACH, FL 32176      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:

07/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BRANNON, PORTIA L  
Address: 1197 SW TERRACE  
City-St-Zip: POMPAÑO BEACH, FL 33060

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: BRANNON, PORTIA L  
Address: 468 MAGNOLIA ST  
City-St-Zip: ORMOND BEACH, FL 32176

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: PORTIA BRANNON

MGRM

07/03/2007

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