


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000037631 1. Entity Name YOUR NATURAL BEAUTY, LLC	
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Principal Place of Business 912 ORANGE ISLE FORT LAUDERDALE, FL 33315	Mailing Address 912 ORANGE ISLE FORT LAUDERDALE, FL 33315
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DO NOT WRITE IN THIS SPACE

04222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0272655

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J
100 W. CYPRESS CREEK RD., STE. 700
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$50.00
Due by May 1, 2005

1100000346855
04/30/05-80092-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HUTSLAR, LETICIA G
STREET ADDRESS	912 ORANGE ISLE
CITY- ST- ZIP	FORT LAUDERDALE, FL 33315

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

04/27/05 954554 4302