

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90133 018 ****50.00

DOCUMENT # L04000008262 1. Entity Name BARE & BEAUTIFUL, L.L.C.					
Principal Place of Business 1200 TOWN CENTER DRIVE SUITE 315 JUPITER, FL 33458 US			Mailing Address 1200 TOWN CENTER DRIVE SUITE 315 JUPITER, FL 33458 US		
2. Principal Place of Business - No P.O. Box # 3606 DAISY AVE. Suite, Apt. #, etc.		3. Mailing Address PO BOX 30091 Suite, Apt. #, etc.			
City & State PALM BEACH GARDENS, FL Zip 33410 Country US		City & State PALM BEACH GARDENS, FL Zip 33420 Country US		4. FEI Number 52-2439322	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY, STE 300 TAMPA, FL 33637			7. Name and Address of New Registered Agent Name REGINA WHELIHAN Street Address (P.O. Box Number is Not Acceptable) 3606 DAISY AVE City PALM BEACH GARDENS FL Zip Code 33410		
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 <u><i>Regina Whelihan</i></u> MGRM <u><i>REGINA WHELIHAN</i></u> 2-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHELIHAN, REGINA 1200 TOWN CENTER DRIVE SUITE 315 JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3606 DAISY AVE. PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Regina Whelihan</i></u> REGINA WHELIHAN			2-27-07		561-386-8666
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>