FILED
May 23, 2005 8:00 am
Secretary of State

04-29-2005 90049 035 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000009499

1. Entity Name
MEDICIS BEAUTY LLC

Principal Place of Business	Mailing Address
9528 HAWKSMOOR LANE SARASOTA, FL 34238	9528 HAWKSMOOR LANE SARASOTA, FL 34238

30007035

03022005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2345 BEE RIDGE RD	2345 BEE RIDGE RD
Suite, Apt. #, etc.: SUITE 2	Suite, Apt. #, etc.: SUITE 2
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34239 Country: USA	Zip: 34239 Country: USA

4. FEI Number: 200701022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, MICHAEL J 200 S ORANGE AVE SARASOTA, FL 34236	Name: ROXANE SERGI Street Address (P.O. Box Number is Not Acceptable): 2345 BEE RIDGE RD SUITE 2 City: SARASOTA FL Zip Code: 34239

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: ROXANE SERGI [signature] 4-25-2005
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~ / MANAGING MEMBER ROXANE SERGI 2345 BEE RIDGE RD SARASOTA FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4-25-05 (941) 926-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #