

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000009499

**Entity Name:** MEDICIS BEAUTY LLC

**FILED**  
**Mar 16, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2345 BEE RIDGE RD.  
SUITE 2  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**Current Mailing Address:**

2345 BEE RIDGE RD.  
SUITE 2  
SARASOTA, FL 34239 US

**New Mailing Address:**

FEI Number: 20-0701022      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SERGI, ROXANE  
2345 BEE RIDGE RD.  
SUITE 2  
SARASOTA, FL 34239 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SERGI, ROXANE  
Address: 2345 BEE RIDGE RD.  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROXANE SERGI

MRS

03/16/2007

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