


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069856					
1. Entity Name HELLO BEAUTIFUL, LLC					
Principal Place of Business 2015 SW 2ND ST. POMPANO BEACH, FL 33069			Mailing Address 2015 SW 2ND ST. POMPANO BEACH, FL 33069		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARLENE D'ARCY, INC. 2015 SW 2ND ST. POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D'Arcy Laboratories, LLC 2015 SW 2nd St Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRIORITIES, INC. 8502 PATTERSON AVE. RICHMOND, VA 23229	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000076204380 06/14/06--01042--007 **200.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			5/1/06 954-334-1000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

FILED

06 JUN -5 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04052006 Chg-LLC CR2E083 (11/05)

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

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVENUE NORTH
NAPLES, FL 34102

Name
Street Address (P.O. Box Number is Not Acceptable)
City

FL Zip Code

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Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARLENE D'ARCY, INC.
2015 SW 2ND ST.
POMPANO BEACH, FL 33069

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D'Arcy Laboratories, LLC
2015 SW 2nd St
Pompano Beach, FL 33069

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRIORITIES, INC.
8502 PATTERSON AVE.
RICHMOND, VA 23229

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000076204380
06/14/06--01042--007 **200.00

☐ Change ☐ Addition

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

5/1/06 954-334-1000
Date Daytime Phone #