2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 31, 2006 8:00 am
Secretary of State

07-11-2006 90118 010 ****50.00

DOCUMENT # L05000011882

1. Entity Name
AMAZING FACE AND BODY SHOP LLC

Principal Place of Business	Mailing Address
2134 3RD AVE EAST CRESTVIEW, FL 32539	2134 3RD AVE EAST CRESTVIEW, FL 32539

07072006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2134, 3rd Ave East	2134 3rd Ave E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crestview FL	City & State: Crestview FL
Zip: 32539 Country: Okaloosa	Zip: 32539 Country: Okaloosa

4. FEI Number: 54-2167543 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRINKLEY, JUDITH E
2134 3RD AVE EAST
CRESTVIEW, FL 32539

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 ______
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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Owner Judith E Brinkley 2134 3rd Ave E Crestview, FL 32539 ☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Judith E Brinkley — Judith E. BRINKLEY MANAGER 7-7-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #