

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000022736

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** BARBE'S FACIAL SALON, LLC

**Current Principal Place of Business:**

1426 LIME ST. #2  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

1401 PARK AVE.  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

1426 LIME ST. #2  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

1401 PARK AVE.  
FERNANDINA BEACH, FL 32034

**FEI Number:** 20-2563044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JORDAN, BARBE  
1426 LIME ST. #2  
FERNANDINA BEACH, FL 32034 US

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

JORDAN, BARBE  
1401 PARK AVE.  
FERNANDINA BEACH, FL 32034 US

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:** BARBE JORDAN

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JORDAN, BARBE  
**Address:** 1401 PARK AVE.  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

I hereby 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:** BARBE JORDAN

MGRM

04/06/2011

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