2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2007 8:00 am
Secretary of State
07-20-2007 90039 036 ****55.00

DOCUMENT # L05000038992

1. Entity Name
BEAUTY WATERS, LLC

Principal Place of Business	Mailing Address
2261 SOUTH SHERMAN CIRCLE #A506 MIRAMAR, FL 33025	2261 SOUTH SHERMAN CIRCLE #A506 MIRAMAR, FL 33025

07082007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
120 SW 91 AVE	120 SW 91 AVE
Suite, Apt. #, etc. #111	Suite, Apt. #, etc. #111
City & State Plantation, FL	City & State Plantation, FL
Zip 33324 Country USA	Zip 33324 Country USA

4. FEI Number 86-1135813 ☐ 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
MCKINNEY, MAXIA 2261 SOUTH SHERMAN CIRCLE #A506 MIRAMAR, FL 33025	Name Maxia McKinney Street Address (P.O. Box Number is Not Acceptable) 120 SW 91 AVE #111 City Plantation FL Zip Code 33324

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] 7/18/07
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 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MCKINNEY, MAXIA	NAME	
STREET ADDRESS	2261 SOUTH SHERMAN CIRCLE #A506	STREET ADDRESS	120 SW 91 Ave #111
CITY-ST-ZIP	MIRAMAR, FL 33025	CITY-ST-ZIP	Plantation, FL 33324
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Businnes/ owner Address change. ☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 7/18/07 954-793-2389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #