

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

02-16-2006 90146 025 ****55.00
L05000109478

DOCUMENT # L05000109478					
1. Entity Name BELLE IMAGE ELECTROLYSIS & LASER HAIR REMOVAL, LLC					
Principal Place of Business 2105 SE LENNARD RD PORT SAINT LUCIE FL 34952			Mailing Address 2105 SE LENNARD RD PORT SAINT LUCIE FL 34952		
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 34-2057787
5. Certificate of Status Desired <input checked="" type="checkbox"/>					<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent COURCY, SUZY M 3111 SE PETUNIA AVE PORT SAINT LUCIE FL 34952			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: <u>Suzy Courcy</u> (NOTE: Registered Agent signature required when (re)electing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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 Section 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: <u>Suzy Courcy, LLC</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: <u>11/31/06</u> Daytime Phone #: <u>313/06</u>					



ATTACHMENT

30001721

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

BELLE IMAGE ELECTROLYSIS & LASER HAIR REMOVAL, LLC
2105 SE LENNARD RD
PORT SAINT LUCIE, FL 34952

Subject: **BELLE IMAGE ELECTROLYSIS & LASER HAIR REMOVAL, LLC**

Reference Number: **L05000109478**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION