

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90053 006 \*\*\*\*50.00



DOCUMENT # L05000109478	
1. Entity Name <b>BELLE IMAGE ELECTROLYSIS &amp; LASER HAIR REMOVAL, LLC</b>	
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 - No P.O. Box # <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/06)

4. FEI Number <b>34-2057787</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COURCY, SUZY M <del>3111 SE PETUNIA AVE</del> PORT SAINT LUCIE FL 34952  <i>1887 SE n. Bottomwood Rd.</i>	Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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: *Suzzy Courcy*  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: COURCY, SUZY STREET ADDRESS: <del>1113 SE PETUNIA AVE</del> <i>1887 SE n Bottomwood</i> CITY ST ZIP: PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Suzzy Courcy*      1/18/07      (772) 335-7163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #