

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90034 049 ****55.00

DOCUMENT # L06000045263

1. Entity Name
ACADEMY OF BEAUTY, LLC



Principal Place of Business
4681 LONE PINE COURT
FT. MYERS, FL 33905

Mailing Address
4681 LONE PINE COURT
FT. MYERS, FL 33905

40070276



2. Principal Place of Business - No P.O. Box #
13422 N. Cleveland Ave
Suite, Apt. #, etc.

3. Mailing Address
← Same
Suite, Apt. #, etc.

03222007 Chg-LLC CR2E083 (12/06)

City & State
N. Ft. Myers

City & State

4. FEI Number
20-4831238

Applied For
Not Applicable

Zip
FL 33903

Country
Lee

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, BRUCE D
1380 ROYAL PALM SQUARE BLVD.
FT. MYERS, FL 33919

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 May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vincent Perri	
STREET ADDRESS	1755-2 Boy Scout Dr.	
CITY - ST - ZIP	Fort Myers, FL 33907	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris C. Lewis	
STREET ADDRESS	6569 Plantation Pines Blvd.	
CITY - ST - ZIP	Fort Myers, FL 33966	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David M. and Nancy P. Diamond	
STREET ADDRESS	477 Keenan Court	
CITY - ST - ZIP	Fort Myers, FL 33919	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adrian J. Church	
STREET ADDRESS	10018 Isola Way	
CITY - ST - ZIP	Miromar Lakes, FL 33913	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicole Mazzola	
STREET ADDRESS	7857 Lake Sawgrass Loop, Unit 5013	
CITY - ST - ZIP	Fort Myers, FL 33907	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles A. and Rachel J. Navy	
STREET ADDRESS	13000 Appaloosa Lane	
CITY - ST - ZIP	Fort Myers, FL 33912	

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/07