2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L06000045263

Entity Name: ACADEMY OF BEAUTY, LLC

Current Principal Place of Business:

13422 N CLEVELAND AVE
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

13422 N CLEVELAND AVE
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 20-4831238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	PERRI, VINCENT	
Address:	1755-2 BOY SCOUT DR	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGR	( ) Delete
Name:	LEWIS, CHRIS C	
Address:	6569 PLANTATION PINES BLVD	
City-St-Zip:	FT MYERS, FL 33966	
Title:	MGR	( ) Delete
Name:	DIAMOND, DAVID M	
Address:	477 KEENAN CT	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	MGR	( ) Delete
Name:	DIAMOND, NANCY P	
Address:	477 KEENAN CT	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	MGR	( ) Delete
Name:	MAZZOLA, NICOLE	
Address:	7857 LAKE SAWGRASS LOOP UNIT 5013	
City-St-Zip:	FORT MYERS, FL 33907	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: NICOLE MAZZOLA MGR 04/23/2009

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