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SECRETARY OF STATE

COVER LETTER

	Division of Corporations	·
SUBJE	CT:ISLANDS OF BEAUTY LLO	C
	(Name of Lin	mited Liability Company)
D Ci-	a an Madama	
Dear Si	r or Madam:	
The enc	losed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning th	his matter to the following:
	•	
L	. E. Taylor, Esq.	
	(Name of Person)	
1	. E. TAYLOR, P.A.	
	(Firm/Company)	
P	ost Office Box 490208	
	(Address)	
L	eesburg, Florida 34749-0208	
	(City/State and Zip Code)	
Ear first	her information concerning this matter	r please call:
roi iuit	ner information concerning this matter	, piease can.
Ļ	. E. Taylor	at (352) 787-1440
	(Name of Person)	(Area Code & Daytime Telephone Number
	,	
9	STREET/COURIER ADDRESS:	MAILING ADDRESS:
]	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327
	Fallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	1 , 14	
)	\$25 Filing Fee	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2006

L.E. TAYLOR, ESQ. P.O. BOX 490208 LEESBURG, FL 34749-0208

SUBJECT: ISLANDS OF BEAUTY LLC

Ref. Number: L06000063571

We have received your document for ISLANDS OF BEAUTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 006A00052943

Leslie Sellers Document Specialist



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2006

L.E. TAYLOR, ESQ. P.O. BOX 490208 LEESBURG, FL 34749-0208

SUBJECT: ISLANDS OF BEAUTY LLC

Ref. Number: L06000063571

We have received your document for ISLANDS OF BEAUTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form clearly indicates that a signature of a member or authorized representative of a member is required to make the necessary change AND the signature of the registered agent is required to make necessary change. Signatures are required on this form in 2 separate areas.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 806A00054907

Leslie Sellers Document Specialist

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

3,	•					
1. The name of the limited	liability company is:	_ISLAN	S OF BEAUTY LL	С		·
2. The mailing address of t	he limited liability co	mpany is	: <u>108889 N. U.</u>	S. Hwy. 301	. Su	ite 4,
Outond El 24494				-		
Oxford, FL34484						·
June 22, 2006 L0600006357						
3. Date of filing/registratio	n in Florida		4. Document nu	ımber		
5. The name of the registere Florida Department of St	ed agent and the registate:	tered offic	e address as showr	on the records	of th	ıe
_	RUTH M. MCKIN			-		
	000 11 1-4	Name	1			
-	323 W. Lady L	ake Bou. Address	revaro	-		
	Lady Lake, Fl		32159	-	0	DIV.
-	City,	State and	Zip	_	VON 30	SEC 1338
6. The name and address of	the new registered ag	gent and/o	r office:		A0)≳R 0.T.~
					-2	SAY.
-		Name		_	PH	
	218 C.R. 210	Name			2:	STA
_	Florida street address	s (P.O. Bo	x NOT acceptable)	1	သွ	至元
	Oxford	FL 3	1484			(/)
-	City, S	tate and Z	ip			
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limi or the operating agreement (Signature of a member or authorize	inge or changes are median the registered agent wisby confirmed that the ted liability company of the limited liability	ade, the Fill be iden change(s or as other company	lorida street addres tical. Or, in the cas) was/were authorizerwise provided in t	s of the registe se of a Florida l zed by an affirn	red of imite native	ffice d e vote
Ruth M. McKinney (Printed or typed name of signee)			_			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to (Signature of Registered Agent)	tment as registered as of all statutes relative accept the obligation is document is being hat the limited liability	gent and a e to the pr s of my po filed to me ty compan	agree to act in this of oper and complete stition as registered rely reflect a changy has been notified	capacity. I furt performance of agent as prov ge in the regist in writing of th	her a f my d ided j ered d iis ch	gree to duties, for in office ange.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00