## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Aug 31, 2007 8:00 am Secretary of State

<u>352-303-1037</u>

DOCUMENT # L06000063571  1. Entity Name ISLANDS OF BEAUTY LLC								08-31-2007	90066	017 ****5	0.00
,	e of Business 5 HWY 301, SUITE 4 34484		Mailing Address 218 C.R. 210 OXFORD, FL 34484								
1	Place of Business - No P.	3. Mailing Address	Mailing Address 1889 N. U.S. Hwy. 301								
10889 N. U.S. Hwy. 301 Suite, Apt. #. etc. Suite 4			Suite, Apt. #, etc. Suite 4				04122007	Chg-LLC	CR2E	E083 (12/06)	
City & State			City & State				4. FEI Numb			Ar	plied For
Oxford, FL Zip Country			Oxford, FL Zip Country					012860	<del></del>	···	t Applicable
34484 U.S.			34484		5. Certificate of Status Desired S5.00 Additional Fee Required				ditional d		
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
MCKINNEY, RUTH 218 C.R. 210					Street Address (P.O. Box Number is Not Acceptable)						
OXFORD,											
					City			<u>.                                    </u>	F	Zip Code	е
8. The above the obligat	named entity submits the	is statement for t	the purpose of changing its	registere	ed office o	r registere	ed agent, or b	oth, in the State of Fl	orida. I an	n familiar with,	and accept
SIGNATURE.	Signature, typed or printed name	of registered agent an	nd title if applicable. (NOT	F Registere	d Agent signat	ure required	when reinstating)		DATE	P-0-10	<del></del>
	- 3.9					-	т				
Filing Fee is \$50.00 Due by May 1, 2007											
										payable to ment of State	9
	ue by May 1, 2007		S/MANAGERS	10.					a Departi	ment of State	e
9. TITLE	MANA	AGING MEMBER	S/MANAGERS	TITLE		MGR	TAINEV	Florid	a Departi	ment of State	Addition
9.	ue by May 1, 2007	AGING MEMBER		TITLE		MCK:	INNEY, 1	ADDITIONS RUTH M.	a Departi	ment of State	
9.  THILE  NAME	MANA MGR MCKINNEY, RUTH	AGING MEMBER M BLVD.		TITLE NAME STRE	E	MCK: 218	INNEY, 1 C.R. 2	ADDITIONS RUTH M. 10	a Departi	ment of State	
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9.  111LE  NAME  STREET ADDRESS  CITY-ST-ZIP	MGR MCKINNEY, RUTH I 323 W. LADY LAKE	AGING MEMBER M BLVD.	☐ Delete	TITLE NAMI STRE CITY TITLE NAMI	e et adoress - ST-ZIP	MCK: 218	C.R. 2	ADDITIONS RUTH M. 10	a Departi	S (X) Change	Addition
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SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE