

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000097213

1. Entity Name
BEAUTY SENSATIONS, LLC



Principal Place of Business

**1860 N. FT. HARRISON AVENUE
STE 305
CLEARWATER, FL 33755**

Mailing Address

**1860 N. FT. HARRISON AVENUE
STE 305
CLEARWATER, FL 33755**



04172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5655626

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARTHOLOMEW, THERESA
861 CHRISTINA CIRCLE
OLDSMAR, FL 34677**

**DO NOT WRITE
IN THIS SPACE**

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)

4-17-08

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BARTHOLOMEW, THERESA
STREET ADDRESS	861 CHRISTINA CIRCLE
CITY - ST - ZIP	OLDSMAR, FL 34677
TITLE	MGR
NAME	BARTHOLOMEW, JOHN
STREET ADDRESS	859 CHRISTINA CIRCLE
CITY - ST - ZIP	OLDSMAR, FL 3
TITLE	MGR
NAME	BROWN, SUSAN
STREET ADDRESS	2511 DEER RUN E.
CITY - ST - ZIP	CLEARWATER, FL 34671
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000918252-
05/13/08-80073-022 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

4-17-08