

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097213

Entity Name: BEAUTY SENSATIONS, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

861 CHRISTINA CIRCLE
OLDSMAR, FL 34677 US

FEI Number: 20-5655626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTHOLOMEW, THERESA
861 CHRISTINA CIRCLE
OLDSMAR, FL 34677 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: BARTHOLOMEW, THERESA
Address: 861 CHRISTINA CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: MGR () Delete
Name: BARTHOLOMEW, JOHN
Address: 859 CHRISTINA CIRCLE
City-St-Zip: OLDSMAR, FL 3

Title: MGR () Delete
Name: BROWN, SUSAN
Address: 2511 DEER RUN E.
City-St-Zip: CLEARWATER, FL 34671

ADDITIONS/CHANGES:

Title: PTM (X) Change () Addition
Name: BARTHOLOMEW, THERESA
Address: 861 CHRISTINA CIRCLE
City-St-Zip: OLDSMAR, FL 34677

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: THERESA BARTHOLOMEW

PTM

04/23/2009

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