2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

05-03-2007 90256 006 ****50.00

DOCUMENT # L06000105382

1. Entity Name
AMERICAN BEAUTY SUPPLY LLC

Principal Place of Business
203 NORTH NAVY BLVD
PENSACOLA, FL 32507

Mailing Address
203 NORTH NAVY BLVD
PENSACOLA, FL 32507

05012007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #: 203 N. Navy Blvd
Suite, Apt. #, etc.
City & State: Pensacola, FL
Zip: 32507 Country: United States

3. Mailing Address: 203 N. Navy Blvd
Suite, Apt. #, etc.
City & State: Pensacola, FL
Zip: 32507 Country: United States

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
HENDRIX, DIEDRA A
623 N 61ST AVE
PENSACOLA, FL 32506

7. Name and Address of New Registered Agent
Name: Stacie Saulsberry
Street Address (P.O. Box Number is Not Acceptable): 7377 Rolling Hills Rd
City: Pensacola FL Zip Code: 32505

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: Stacie Saulsberry Stacie Saulsberry 5/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HENDRIX, DIEDRA A 203 N NAVY BLVD PENSACOLA, FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Stacie Saulsberry 7377 Rolling Hills Rd Pensacola, FL 32505	☒ Change ☐ Addition
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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: Stacie Saulsberry 5/1/07 (850) 456-9046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #