

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113520

**FILED**  
**Apr 01, 2009**  
**Secretary of State**

**Entity Name:** BEAUTY THERAPY BY NING LLC

**Current Principal Place of Business:**

5213 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

2625 KEYSTONE ROAD  
SUITE A2  
TARPON SPRINGS, FL 34688 US

**Current Mailing Address:**

8914 MARTINIQUE LANE  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

**FEI Number:** 20-5942245      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEONG, YEE NING  
8914 MARTINIQUE LANE  
PORT RICHEY, FL 34668 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:** LEONG, YEE NING  
**Address:** 8914 MARTINIQUE LANE  
**City-St-Zip:** PORT RICHEY, FL 34668 US

**ADDITIONS/CHANGES:**

**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:** LEONG YEE NING

MGR

04/01/2009

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