## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Apr 18, 2008 8:00 am Secretary of State

04-18-2008 90158 048 \*\*\*138.75

DOCUMENT # L06000114872

RASHMI'S BEAUTY AND BOUTIQUE, L.L.C.

ORLANDO, FL 32824  ORLANDO, FL 32824  2. Principal Place of Business - No P.O. Box # 47.34 SONTH KIRKMAN Rd  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O3222008 Chg-LLC CR2E083 (12/06)  City & State  OLANDO FLORIDA  City & State  City & State  City & State  Country  Coun
Suite, Apt. #, etc.  Suite, Apt. #, etc. #, e
City & State  City & State  Country  Co
Country   Country   Country   St. Certificate of Status Desired   St.00 Additional Fee Required
6. Name and Address of Current Registered Agent  ABDULA, SHAFIK. 14315 GRASSY COVE CIRCLE ORLANDO, FL 32824  City  City  FL  Zip Code  8. The above named antity, 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 privide name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when rematating)  DATE  FILE NOWILI FEE IS \$138,75  After May 1, 2008 Fee will be \$538.75  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE  MGRM  Delete  TILE  Addition
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NAME ABDULA, SHAFIK NAME
STREET ADDRESS 14315 GRASSY COVE CIRCLE STREET ADDRESS
CITY-SI-ZIP ORLANDO, FL 32824 CITY-SI-ZIP
TITLE MGRM Delete TITLE Change Addition
NAME ABDULA, RASHMI NAME
STREET ADDRESS   14315 GRASSY COVE CIRCLE   STREET ADDRESS   CITY-ST-ZIP   ORLANDO, FL 32824   CITY-ST-ZIP
TITLE   Delete   TITLE   Change   Addition
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CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME NAME
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CITY-ST-ZIP CITY-ST-ZIP
TITLE Detete TITLE Change Addition
NAME NAME
STREET ADDRESS STREET ADDRESS
CITY-SI-ZIP CITY-SI-ZIP
TITLE Delete TITLE Change Addition
NAME STREET ADDRESS STREET ADDRESS

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.

SHAFIK ABDULA SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4-14-08

321 9456 476

Date

Daytime Phone #