


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L06000114872</b> 1. Entity Name <b>RASHMI'S BEAUTY AND BOUTIQUE, L.L.C.</b>					
Principal Place of Business <b>14315 GRASSY COVE CIRCLE ORLANDO, FL 32824</b>			Mailing Address <b>14315 GRASSY COVE CIRCLE ORLANDO, FL 32824</b>		
2. Principal Place of Business - No P.O. Box # <b>4734 SOUTH KIRKMAN RD</b>		3. Mailing Address <b>NO CHANGE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>ORLANDO FLORIDA</b>		City & State 		4. FEI Number <b>20-5977489</b>	
Zip <b>32811</b>		Country <b>ORANGE</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		03222008 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent  <b>ABDULA, SHAFIK 14315 GRASSY COVE CIRCLE ORLANDO, FL 32824</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABDULA, SHAFIK 14315 GRASSY COVE CIRCLE ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABDULA, RASHMI 14315 GRASSY COVE CIRCLE ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>SHAFIK ABDULA</u>			4-14-08 321 9456476		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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