

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000114872

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** RASHMI'S BEAUTY AND BOUTIQUE, L.L.C.

**Current Principal Place of Business:**

4734 S KIRKMAN RD  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

14315 GRASSY COVE CIRCLE  
ORLANDO, FL 32824

**New Mailing Address:**

3229 KING GEORGE DR  
ORLANDO, FL 32835

**FEI Number:** 20-5977489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABDULA, SHAFIK  
14315 GRASSY COVE CIRCLE  
ORLANDO, FL 32824 US

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

ABDULA, SHAFIK  
3229 KING GEORGE DR  
ORLANDO, FL 32835 US

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:**

02/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ABDULA, SHAFIK  
**Address:** 3229 KING GEORGE DR  
**City-St-Zip:** ORLANDO, FL 32835

**Title:** MGRM  
**Name:** ABDULA, RASHMI  
**Address:** 3229 KING GEORGE DR  
**City-St-Zip:** ORLANDO, FL 32835

I hereby 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:** SHAFIK ABDULA

MGRM

02/21/2011

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