

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020569

FILED
Mar 07, 2009
Secretary of State

Entity Name: YOUR BEAUTY STROKES LLC

Current Principal Place of Business:

14545J MILITARY TRAIL
#154
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

14545J MILITARY TRAIL
#154
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: 20-8470283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, LAURENT JR
14545J MILITARY TRAIL
#154
DELRAY BEACH, FL 33484 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: MGRM () Delete
Name: PIERRE, LAURENT JR
Address: 14545J MILITARY TRAIL, #154
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MGRM () Delete
Name: CHARLES, CARMEN A
Address: 14545J MILITARY TRAIL #154
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAURENT PIERRE JR

CEO

03/07/2009

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