

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066285

FILED
Jan 08, 2008
Secretary of State

Entity Name: THE BEAUTY CARE MIAMI LLC

Current Principal Place of Business:

90 ALTON ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

831 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

Current Mailing Address:

90 ALTON ROAD
MIAMI BEACH, FL 33139

New Mailing Address:

831 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

FEI Number: 26-0413019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

VAN THEMSCHE, STEPHANIE
831 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 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: STEPHANIE VAN THEMSCHE

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VAN THEMSCHE, STEPHANIE
Address: 90 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: GRUET, ISABELLE
Address: 90 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VAN THEMSCHE, STEPHANIE
Address: 90 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

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: STEPHANIE VAN THEMSCHE

MGR

01/08/2008

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