LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE FILED DOCUMENT # 1. Entity Name 08 NOV 12 PM 2: 44 Lolors of Perfection SECRETARY OF STATE TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 913 Glennone Dr Suite, Apt. #, etc. CR2E083B (12/07) City & State 4. FEI Number Applied For City & State Dral 12436702 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 3301 Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable IN THIS SPACE OOD NU 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 January 1 - May 1 Fee is \$138.75 After May 1, Fee is \$538.75 Amended AR is \$50.00 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. MASTER - COSMETOLQIET- OWNER TITLE Dolores BANdini 11913 Blew More Dr. NAME STREET ADDRESS CITY-ST-ZIP 700137710387 11/06/08--01035--001 **138.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

For Office Use Only