

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000091062



1. Entity Name
BEAUTY SOURCE, LLC

Principal Place of Business
5923 FOREST CITY RD, UNIT A
ORLANDO, FL 32810

Mailing Address

5923 FOREST CITY RD, UNIT A
ORLANDO, FL 32810

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03172008 Chg-LLC CR2E083 (12/06)

4. FEI Number

26-0855105

Applied For

Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGH, MAHENDRA
5923 FOREST CITY RD, UNIT A
ORLANDO, FL 32810

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME SINGH, MAHENDRA
STREET ADDRESS 5923 FOREST CITY RD, UNIT A
CITY-ST-ZIP ORLANDO, FL 32810

Delete

Change Addition

TITLE MGRM
NAME SINGH, GLORIA
STREET ADDRESS 5923 FOREST CITY RD, UNIT A
CITY-ST-ZIP ORLANDO, FL 32810

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change 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.

SIGNATURE:

MAHENDRA SINGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/20/08 407-299-0987
Date Daytime Phone #