

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104661

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** C-N-J'S BEAUTY STOP, LLC

**Current Principal Place of Business:**

602 WEST SHELL POINT ROAD  
RUSKIN, FL 335703422

**New Principal Place of Business:**

**Current Mailing Address:**

16308 ALDERMAN TURNER ROAD  
WIMAUMA, FL 335985303

**New Mailing Address:**

**FEI Number:** 26-1236722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIVENS, CYNTHIA D  
16308 ALDERMAN TURNER ROAD  
WIMAUMA, FL 335985303 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:** GIVENS, CYNTHIA D  
**Address:** 16308 ALDERMAN TURNER ROAD  
**City-St-Zip:** WIMAUMA, FL 335985303

**Title:** MGRM ( ) Delete  
**Name:** CARPENTER, JANELLA  
**Address:** 4314 OLD US HWY 41 S PO BOX 7056  
**City-St-Zip:** SUN CITY, FL 335867056

**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:** JANELLA CARPENTER

MGRM

04/13/2009

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