

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005095

Entity Name: CVAM BEAUTY NORTH LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

5465 PINETREE DR
MIAMI BEACH, FL 33140

New Principal Place of Business:

5465 PINETREE DR
MIAMI BEACH, FL 33140 US

Current Mailing Address:

5465 PINETREE DR
MIAMI BEACH, FL 33140

New Mailing Address:

5465 PINETREE DR
MIAMI BEACH, FL 33140 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MOYAL, PATRICK
10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 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: PATRICK MOYAL

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DURAND, CHRISTOPHER
Address: 5465 PINETREE DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: DURAND, CHRISTOPHER
Address: 5465 PINETREE DR
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DURAND, CHRISTOPHE
Address: 5465 PINETREE DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: S (X) Change () Addition
Name: DURAND, CHRISTOPHE
Address: 5465 PINETREE DR
City-St-Zip: MIAMI BEACH, FL 33140

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: CHRISTOPHE DURAND

MGR

04/30/2009

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