

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000005231

**FILED**  
**Jun 22, 2009**  
**Secretary of State****Entity Name:** MUD BEAUTY SUPPLY LLC**Current Principal Place of Business:**20530 NE 19TH AVE  
MIAMI, FL 33179**New Principal Place of Business:****Current Mailing Address:**20530 NE 19TH AVE  
MIAMI, FL 33179**New Mailing Address:****FEI Number:** 33-1197570**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**EVRON, URI  
20530 NE 19TH AVE  
MAIMI, FL 33179 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:** PORTAL, SHIMRIT  
**Address:** 20530 NE 19TH AVE  
**City-St-Zip:** MAIMI, FL 33179**Title:** MGR ( ) Delete  
**Name:** EVRON, URI Z  
**Address:** 20530 NE 19TH AVE  
**City-St-Zip:** MIAMI, FL 33179**Title:** MGR ( ) Delete  
**Name:** SAIG, DAVID  
**Address:** 20530 NE 19TH AVE  
**City-St-Zip:** MAIMI, FL 33179**ADDITIONS/CHANGES:****Title:** MGR (X) Change ( ) Addition  
**Name:** PORTAL, SHIMRIT  
**Address:** 20530 NE 19TH AVE  
**City-St-Zip:** MAIMI, FL 33179**Title:** MGRM (X) Change ( ) Addition  
**Name:** EVRON, URI Z  
**Address:** 20530 NE 19TH AVE  
**City-St-Zip:** MIAMI, FL 33179**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: URI EVRON

MGRM

06/22/2009

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