

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000042455

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** ENHANCED BEAUTY CENTER, LLC

**Current Principal Place of Business:**

5530 & 5540 PGA BOULEVARD, SUITE 201  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

150 WORTH AVE  
SUITE # 235  
PALM BEACH, FL 33480

**Current Mailing Address:**

5530 & 5540 PGA BOULEVARD, SUITE 201  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

679 HERMITAGE CIRCLE  
PALM BEACH GARDENS, FL 33410

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FASNAKIS, NATASCHA  
5530 & 5540 PGA BOULEVARD, SUITE 201  
PALM BEACH GARDENS, FL 33418 US

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

BERNER, RENE  
679 HERMITAGE CIRCLE  
PALM BEACH GARDENS, FL 33410 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: RENE BERNER

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FASNAKIS, NATASCHA  
Address: 679 HERMITAGE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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: NATASCHA FASNAKIS

MGRM

04/25/2012

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