

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051060

FILED
Jun 29, 2009
Secretary of State

Entity Name: PURE ESSENCE BODY CARE, LLC

Current Principal Place of Business:

428 COURTLEA OAKS BLVD.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

13750 WEST COLONIAL DRIVE, SUITE 350-326
WINTER GARDENS, FL 34787

New Mailing Address:

FEI Number: 26-2644229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAYWARD, TARA
428 COURTLEA OAKS BLVD.
WINTER GARDEN, FL 34787 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAYWARD, TARA
Address: 428 COURTLEA OAKS BLVD.
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR () Delete
Name: HAYWARD, FARA
Address: 428 COURTLEA OAKS BLVD.
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR () Delete
Name: HAYWARD-PETERSON, TIFFANY
Address: 350 LAKE SHEPARD DRIVE
City-St-Zip: APOPKA, FL 32703

Title: MGR () Delete
Name: HAYWARD, COLLEEN
Address: 428 COURTLEA OAKS BLVD.
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FARA HAYWARD

MGR

06/29/2009

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