

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000058871

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Entity Name:** B4 & AFTER BEAUTY SUPPLY, LLC

**Current Principal Place of Business:**

504 S SANFORD AVENUE  
SANFORD, FL 32771

**New Principal Place of Business:**

676 S US HIGHWAY 17-92  
LONGWOOD, FL 32750

**Current Mailing Address:**

504 S SANFORD AVENUE  
SANFORD, FL 32771

**New Mailing Address:**

676 S US HIGHWAY 17-92  
LONGWOOD, FL 32750

**FEI Number:** 80-0196775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TYREE, DORICO  
504 S SANFORD AVENUE  
SANFORD, FL 32771 US

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

TYREE, DORICO  
676 S US HIGHWAY 17-92  
LONGWOOD, FL 32750 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: DORICO TYREE

02/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TYREE, DORICO A  
Address: 676 S US HIGHWAY 17-92  
City-St-Zip: LONGWOOD, FL 32750

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: DORICO TYREE

OWNE

02/11/2011

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