

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066385

FILED
Jun 15, 2009
Secretary of State

Entity Name: OLIVIA FLAWLESS LOOK LLC

Current Principal Place of Business:

1755 W BROADWAY
SUITE 3
OVIEDO, FL 32765

New Principal Place of Business:

225 MORTON LANE
WINTER SPRINGS, FL 32708

Current Mailing Address:

1755 W BROADWAY
SUITE 3
OVIEDO, FL 32765

New Mailing Address:

225 MORTON LANE
WINTER SPRINGS, FL 32708

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
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:

KELVANOFF, OLIVIA
225 MORTON LANE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

KLEBANOFF, OLIVIA-THUY N OWNER
225 MORTON LANE
WINTER SPRINGS, FL 32708 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: OLIVIA-THUY KLEBANOFF

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KELVANOFF, OLIVIA
Address: 225 MORTON LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KLEBANOFF, OLIVIA-THUY N
Address: 225 MORTON LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM () Change (X) Addition
Name: KLEBANOFF, OLIVIA-THUY N
Address: 225 MORTON LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM () Change (X) Addition
Name: KLEBANOFF, OLIVIA-THUY N
Address: 225 MORTON LANE
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Name: KLEBANOFF, OLIVIA-THUY N
Address: 225 MORTON LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM () Change (X) Addition
Name: KLEBANOFF, OLIVIA-THUY N
Address: 225 MORTON LANE
City-St-Zip: WINTER SPRINGS, FL 32708

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: OLIVIA-THUY KLEBANOFF

OWNE

06/15/2009

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