

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075493

Entity Name: YOU'RE BEAUTIFUL, LLC

FILED  
Aug 26, 2009  
Secretary of State

## Current Principal Place of Business:

503 ALTHEA RD.  
BELLEAIR, FL 33756 US

## New Principal Place of Business:

772 INDIAN ROCKS RD.  
BELLEAIR BLUFFS, FL 33770 US

## Current Mailing Address:

503 ALTHEA RD.  
BELLEAIR, FL 33756 US

## New Mailing Address:

772 INDIAN ROCKS RD  
BELLEAIR BLUFFS, FL 33770 US

FEI Number: 26-3288036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 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: KERIN, JOHN D  
Address: 503 ALTHEA RD.  
City-St-Zip: BELLEAIR, FL 33756 US

Title: MGRM ( ) Delete  
Name: EKKELA, KEELY  
Address: 503 ALTHEA RD.  
City-St-Zip: BELLEAIR, FL 33756 US

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: EKKELA, KEELY  
Address: 772 INDIAN ROCKS RD  
City-St-Zip: BELLEAIR BLUFFS, FL 33770 US

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: JOHN D KERIN

PRES

08/26/2009

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