

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068698

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Entity Name:** PURE BEAUTY & WELLNESS, LLC

**Current Principal Place of Business:**

14782 CALUSA PALMS DRIVE  
103  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

14782 CALUSA PALMS DRIVE  
103  
FORT MYERS, FL 33919 US

**New Mailing Address:**

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

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

PARSONS, KATELYN A  
14782 CALUSA PALMS DRIVE  
103  
FORT MYERS, FL 33919 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  
Name: PARSONS, KATELYN A  
Address: 14782 CALUSA PALMS DRIVE 103  
City-St-Zip: FORT MYERS, FL 33919 US

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: KATELYN A. PARSONS                      MGRM                      01/20/2010

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