

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096348

**FILED**  
**Aug 26, 2010**  
**Secretary of State**

**Entity Name:** DIVINE IMAGE BEAUTY SALON, LLC

**Current Principal Place of Business:**

463 GREEN SPRINGS CIRCLE  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

499 N SR 434  
SUITE 1029  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

463 GREEN SPRINGS CIRCLE  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

499 N SR 434  
SUITE 1029  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 01-0933143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA, MILDRED  
463 GREEN SPRINGS CIRCLE  
WINTER SPRINGS, FL 32708 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: RA  
Name: RIVERA, MILDRED  
Address: 499 N SR 434 STE1029  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: MILDRED RIVERA

RA

08/26/2010

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