

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000055122

Entity Name: SENSATIONS BEAUTY LLC

FILED  
Apr 19, 2011  
Secretary of State

**Current Principal Place of Business:**

371 CHANNELSIDE WALKWAY #1503  
TAMPA, 33602

**New Principal Place of Business:**

6320 SOUTH DALE MABRY HWY.,  
TAMPA, FL 33611

**Current Mailing Address:**

371 CHANNELSIDE WALKWAY #1503  
TAMPA, 33602

**New Mailing Address:**

6320 SOUTH DALE MABRY HWY.  
TAMPA, FL 33611

FEI Number: 45-1607587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GLASSMAN, PHILIP W  
371 CHANNELSIDE WALKWAY #1503  
TAMPA, FL 33602 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: MGR  
Name: GLASSMAN, PHILIP W  
Address: 371 CHANNELSIDE WALKWAY 1503  
City-St-Zip: TAMPA, FL 33602 US

Title: MGR  
Name: HEITLER, CLAYTON A  
Address: 6320 S. DALE MABRY HWY.  
City-St-Zip: TAMPA, FL 33611

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: CLAYTON HEITLER

MGR

04/19/2011

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