

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000052421

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** SHANTAES BEAUTY SUPPLY LLC

**Current Principal Place of Business:**

3948-D PEMBROKE ROAD  
PEMBROKE PARK, FL 33023 US

**New Principal Place of Business:**

**Current Mailing Address:**

3520 NW 197 STR  
MIAMI GARDENS, FL 33056 US

**New Mailing Address:**

**FEI Number:** 45-1857735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUHART, SHANRIKA S  
3520 NW 197TH STR  
MIAMI GARDENS, FL 33056 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:** PRES  
**Name:** POWELL, BRENDA  
**Address:** 3520 NW 197 STREET  
**City-St-Zip:** MIAMI GARDEN, FL 33056

**Title:** V PR  
**Name:** DUHART, SHANRIKA  
**Address:** 3520 NW 197 STREET  
**City-St-Zip:** MIAMI GARDEN, FL 33056

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:** SHANRIKA DUHART

V PR

04/24/2012

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