

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000070686

Entity Name: BEAUTY OPTION SALON, LLC

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

9698 SW 2 STREET  
BOCA RATON, FL 33428 US

## **New Principal Place of Business:**

8411 GARDEN GATE PLACE  
BOCA RATON, FL 33433 US

## **Current Mailing Address:**

9698 SW 2 STREET  
BOCA RATON, FL 33428 US

## **New Mailing Address:**

8411 GARDEN GATE PLACE  
BOCA RATON, FL 33433 US

FEI Number: 45-2577135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE CARVALHO, JONE  
9698 SW 2 STREET  
BOCA RATON, FL 33428 US

## **Name and Address of New Registered Agent:**

DE CARVALHO, JONE  
8411 GARDEN GATE PLACE  
BOCA RATON, FL 33433 US

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: JONE DE CARVALHO

04/20/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DE CARVALHO, JONE  
Address: 8411 GARDEN GATE PLACE  
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGRM  
Name: DE CARVALHO, JOELMA M  
Address: 8411 GARDEN GATE PLACE  
City-St-Zip: BOCA RATON, FL 33433 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: JONE DE CARVALHO

MGRM

04/20/2012

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