

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000105396

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** MERLE NORMAN COSMETICS & SPECIALTY SPA LLC

**Current Principal Place of Business:**

1125 NW 19TH AVENUE  
CHIEFLAND, FL 32626

**New Principal Place of Business:**

**Current Mailing Address:**

1125 NW 19TH AVENUE  
CHIEFLAND, FL 32626

**New Mailing Address:**

**FEI Number:** 27-0826341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COUCH, CHRISTY  
1125 NW 19TH AVENUE  
CHIEFLAND, FL 32626 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:** COUCH, CHRISTY L  
**Address:** POST OFFICE BOX 232  
**City-St-Zip:** GULF HAMMOCK, FL 32639

**Title:** MGRM  
**Name:** COUCH, IV, FRANK H  
**Address:** POST OFFICE BOX 232  
**City-St-Zip:** GULF HAMMOCK, FL 32639

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:** CHRISTY COUCH

OWNE

01/19/2012

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