

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90238 048 \*\*\*\*50.00

DOCUMENT # L96000001177

1. Entity Name  
STEINER MANAGEMENT SERVICES, LLC



Principal Place of Business  
770 SOUTH DIXIE HIGHWAY  
SUITE 200  
CORAL GABLES, FL 33146

Mailing Address  
770 SOUTH DIXIE HIGHWAY  
SUITE 200  
CORAL GABLES, FL 33146

**DO NOT WRITE IN THIS SPACE**



03092005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-0704389

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, GLADYS  
770 SOUTH DIXIE HIGHWAY  
SUITE 200  
CORAL GABLES, FL 33146

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINER BEAUTY PRODUCTS, INC. 770 SOUTH DIXIE HIGHWAY, SUITE 200 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINER U.S. HOLDINGS, INC. 770 SOUTH DIXIE HIGHWAY, SUITE 200 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  Robert C. Boehm VS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/21/05 305.358.9002 Ext.