


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90163 022 ***138.75

DOCUMENT # L98000002493 1. Entity Name AGELESS BEAUTY L.L.C.	
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Principal Place of Business 1401 MANATEE AVE WEST SUITE 930 BRADENTON, FL 34205	Mailing Address 1401 MANATEE AVE WEST SUITE 930 BRADENTON, FL 34205
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DO NOT WRITE IN THIS SPACE



01202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0869691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KURSCHNER, USCHI K
1401 MANATEE AVE W
SUITE 930
BRADENTON, FL 34205**



New Address ↗

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KURSCHNER, USCHI K 1401 MANATEE AVE W, SUITE 930 BRADENTON, FL 34205
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ageless Beauty, LLC 4822 Manatee Ave. W. Bradenton, FL 34209 941-746-8448
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

4/02/08 (941) 746-8448

Date

Daytime Phone #