

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000007449

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** KAY HEALTH AND BEAUTY, LLC

**Current Principal Place of Business:**

3949 EVANS AVE, STE 203  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3949 EVANS AVE, STE 203  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 26-1328944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANTOR, JERRY S  
3949 EVANS AVE, STE 203  
FORT MYERS, FL 33901 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:** KANTOR, JERRY S  
**Address:** 3949 EVANS AVE, STE 203  
**City-St-Zip:** FORT MYERS, FL 33901

**Title:** MGR  
**Name:** LEPOW, GLORIA  
**Address:** 2226 STANMORE DRIVE  
**City-St-Zip:** HOUSTON, TX 77019

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:** JERRY S. KANTOR

MGRM

04/07/2010

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