

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009124

1. Entity Name
BARESKIN, L.L.C.

FILED

01 MAY -7 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
217 A. EAST INTENDENCIA STREET
PENSACOLA FL 32501
5147 N. 9th Ave

Mailing Address
217 A. EAST INTENDENCIA STREET
PENSACOLA FL 32501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5147 N. Ninth Ave
Suite, Apt. #, etc. *Suite 315*

3. Mailing Address
P.O. Box 30007
Suite, Apt. #, etc.

City & State *Pensacola FL* City & State *Pensacola FL* 4. FEI Number *59-3661430* Applied For Not Applicable

Zip *32504* County *Escambia* Zip *32504* Country *Escambia* 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
~~JESMONTH, RICARD E
217 A. EAST INTENDENCIA STREET
PENSACOLA FL 32501~~

7. Name and Address of New Registered Agent
Name *BareSkin, LLC Lorraine G. Ripps*
Street Address (P.O. Box Number is Not Acceptable) *P.O. Box 30007 4535 Bohemia Place*
City *Pensacola* FL Zip Code *32504*

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.

SIGNATURE *Lorraine G. Ripps* DATE *4/12/01*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE-NOW!!!-FEE IS-\$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Member Manager Lorraine G. Ripps, MD 4535 Bohemia Place Pensacola, FL 32504-8509</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lorraine G. Ripps* DATE *4/12/01* Daytime Phone # *850-982-7735*

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