

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90753 001 \*\*\*\*50.00  
04-02-2002 90753 002 \*\*\*\*\*5.00

DOCUMENT # L000000009124

1. Entity Name

Bare Skin LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5147 N. Ninth Avenue

3. Mailing Address

P.O. Box 30007

Suite, Apt. #, etc.

Suite 315

Suite, Apt. #, etc.

City & State

Pensacola Florida

City & State

Pensacola Florida

4. FEI Number

593601430

Applied For

Not Applicable

Zip

32504

Country

USA

Zip

32503-1007

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Lori G. Rippes

Street Address (P.O. Box Number is Not Acceptable)

4535 Bohemia Place

City

Pensacola

FL

Zip Code

32504

**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.

SIGNATURE

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

Sou Key M J

3/18/02

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEM  
CINDY MILLS  
5880 Cedar Lake Circle  
Pensacola FL 32526

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
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:

Cindy Mills

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

Date

Daytime Phone #

3-18-02

8508573733

CR2E083B (12/01)