

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037673

FILED  
Feb 12, 2008  
Secretary of State

Entity Name: DERMAMORPHOSIS, LLC

**Current Principal Place of Business:**

385 WAYMONT COURT  
SUITE 111  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

385 WAYMONT COURT  
SUITE 111  
LAKE MARY, FL 32746 US

**New Mailing Address:**

FEI Number: 20-1343694      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: MGR ( ) Delete  
Name: FORCONI, LAUREN M  
Address: 385 WAYMONT COURT - SUITE 111  
City-St-Zip: LAKE MARY, FL 32746 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FORCONI, LAUREN M  
Address: 385 WAYMONT COURT - SUITE 111  
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM ( ) Change (X) Addition  
Name: FORCONI, HOPE  
Address: 385 WAYMONT COURT - SUITE 111  
City-St-Zip: LAKE MARY, FL 32746 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAUREN M FORCONI

MGRM

02/12/2008

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