

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118849

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: THE GLOBAL DR GROUP SKIN CARE DIVISION LLC

**Current Principal Place of Business:**

2829 BIRD AVE  
5, PMB303  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2829 BIRD AVE  
5, PMB303  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 20-8035045      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

REAL SOLUTIONS BUSINESS SERVICES, INC.  
10691 N KENDALL DR  
209  
MIAMI, FL 33176 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 ( ) Delete  
Name: VILLAGE SKIN DR PROD, UCTS LLC  
Address: 1295 CORAL WAY  
City-St-Zip: MIAMI, FL 33145

Title: MGRM ( ) Delete  
Name: THE BRAND GROUP LLC,  
Address: 701 BRICKELL KEY BLVD STE 406  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: WORLD RESOURCES, LLC,  
Address: 3387 AHWEWA ST  
City-St-Zip: MIAMI, FL 33133

Title: MGRM ( ) Delete  
Name: MONTES, ALBERTO  
Address: 6770 INDIAN CREEK DR #15H  
City-St-Zip: MIAMI, FL 33141

Title: MGRM (X) Delete  
Name: WET NOSE SA,  
Address: P.O. BOX 025240 #7856  
City-St-Zip: MIAMI, FL 33102

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM BRAND

MGRM

03/20/2009

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