

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000018693

**FILED**  
**Feb 26, 2012**  
**Secretary of State**

**Entity Name:** STARS SKINCARE MEDSPA LLC

**Current Principal Place of Business:**

98 S. FEDERAL HWY  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

19450 BLACK OLIVE LANE  
BOCA RATON, FL 33498

**New Mailing Address:**

**FEI Number:** 26-2021899      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHUSTER, ESTRELLA  
19450 BLACK OLIVE LANE  
BOCA RATON, FL 33498 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:** SHUSTER, ESTRELLA  
**Address:** 19450 BLACK OLIVE LANE  
**City-St-Zip:** BOCA RATON, FL 33498

**Title:** MGRM  
**Name:** SHUSTER, JASON R  
**Address:** 19450 BLACK OLIVE LANE  
**City-St-Zip:** BOCA RATON, FL 33498

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: ESTRELLA SHUSTER

MGRM

02/26/2012

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