

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000103249

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** ANNABELLA CLINICAL SKIN, LLC

**Current Principal Place of Business:**

565 BRIMWOOD WAY  
MELBOURNE, FL 32940

**New Principal Place of Business:**

971 E EAU GALLIE BLVD  
SUITE D  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

565 BRIMWOOD WAY  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number: 27-3600007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARTER, ANNE E  
565 BRIMWOOD WAY  
MELBOURNE, FL 32940 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  
Name: CARTER, ANNE E  
Address: 565 BRIMWOOD WAY  
City-St-Zip: MELBOURNE, FL 32940

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: ANNE E CARTER

MNGR

01/13/2011

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