

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078648

Entity Name: VITADERM DS, LLC

Current Principal Place of Business:

1843 8TH STREET SOUTH
NAPLES, FL 34102

Current Mailing Address:

1843 8TH STREET SOUTH
NAPLES, FL 34102

FEI Number: 20-2191382

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLY, CHARLES MJR.
2390 TAMiami TRAIL N.
SUITE 204
NAPLES, FL 34103 US

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

Authorized Person(s) Detail :

Title MGRM
Name DEVOE, BERNADETTE
Address 1843 8TH STREET SOUTH
City-State-Zip: NAPLES FL 34102

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BERNADETTE DEVOE

03/13/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date