

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018693

**FILED
Jan 12, 2015
Secretary of State
CC8852066004**

Entity Name: STARS SKINCARE MEDSPA LLC

Current Principal Place of Business:

6699 NORTH FEDERAL HWY, STE. 102
BOCA RATON, FL 33487

Current Mailing Address:

6699 NORTH FEDERAL HWY, STE. 102
BOCA RATON, FL 33487 US

FEI Number: 26-2021899

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Title MGR
Name SHUSTER, STEVEN
Address 19450 BLACK OLIVE LANE
City-State-Zip: BOCA RATON FL 33498

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: STEVEN SHUSTER

MGR.

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date