

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000018693

**FILED**  
**Jan 29, 2014**  
**Secretary of State**  
**CC9894620872**

**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

01/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date