

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000054985

**Entity Name:** SLK AGELESS SKIN, LLC

**Current Principal Place of Business:**

580 CRANDON BOULEVARD,STE 101  
KEY BISCANYE, FL 33149

**Current Mailing Address:**

580 CRANDON BOULEVARD,STE 101  
KEY BISCANYE, FL 33149 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LEAL, JENNIFER  
9415 SUNSET DRIVE, STE 252  
MIAMI, FL 33173 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 LEAL-KHOURI, SUSANA  
Address 580 CRANDON BLVD  
101  
City-State-Zip: KEY BISCANYE FL 33149

*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:** SUSANA LEAL-KHOURI

**MANAGER**

**02/02/2015**

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

\_\_\_\_\_ Date