

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000069590

**Entity Name:** MD SKIN CARE & GROOMING COMPANY LLC

**Current Principal Place of Business:**

6500 N.W. 12TH AVENUE  
#114  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

6500 N.W. 12TH AVENUE  
#114  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 45-5572478

**Certificate of Status Desired:** No

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

HELFAND, JANET  
6500 N.W. 12TH AVENUE  
#114  
FORT LAUDERDALE, FL 33309 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 SALTZMAN, SCOTT  
Address 6500 N.W. 12TH AVENUE #114  
City-State-Zip: FORT LAUDERDALE FL 33309

Title MGRM  
Name TAKIFF, MONICA  
Address 6500 N.W. 12TH AVENUE #114  
City-State-Zip: FORT LAUDERDALE FL 33309

Title MGRM  
Name BLAU, SUSANNA  
Address 6500 N.W. 12TH AVENUE #114  
City-State-Zip: FORT LAUDERDALE FL 33309

Title MGRM  
Name HELFAND, JANET  
Address 6500 N.W. 12TH AVENUE #114  
City-State-Zip: FORT LAUDERDALE FL 33309

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT SALTZMAN

MGRM

02/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date