

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000089738

**Entity Name:** B ANDREW SKIN CARE, LLC

**Current Principal Place of Business:**

492 6 TH AVE N  
SAINT PETERSBURG, FL 33701

**Current Mailing Address:**

492 6 TH AVE N  
SAINT PETERSBURG, FL 33701 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GUILFOIL, JOHN ANDREW IV  
492 6TH AVE. N  
SAINT PETERSBURG, FL 33701 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 GUILFOIL, JOHN ANDREW IV  
Address 492 6TH AVE. N  
City-State-Zip: SAINT PETERSBURG FL 33701

Title MGRM  
Name CRANDAL, BRETT ADRIAN  
Address 492 6TH AVE. N  
City-State-Zip: SAINT PETERSBURG FL 33701

*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:** CRANDAL, BRETT ADRIAN

MGRM

03/19/2014

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

\_\_\_\_\_  
Date