

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000148114

**Entity Name:** SKINCARE AESTHETICS OF DESTIN, LLC

**Current Principal Place of Business:**

830 GULF SHORE DRIVE  
DESTIN, FL 32541

**Current Mailing Address:**

6869 BURDEN LANE  
BATON ROUGE, LA 70808

**FEI Number: 46-1439241**

**Certificate of Status Desired: No**

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

STEPHENS, JAMES A  
830 GULF SHORE DRIVE  
DESTIN, FL 32541 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 STEPHENS, JAMES A  
Address 6869 BURDEN LANE  
City-State-Zip: BATON ROUGE LA 70808

Title MGRM  
Name STEPHENS, KAREN K  
Address 6869 BURDEN LANE  
City-State-Zip: BATON ROUGE FL 70808

*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: KAREN STEPHENS**

**MGRM**

**04/23/2015**

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

\_\_\_\_\_  
Date