

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000041281

Entity Name: DERMOPHYSIOLOGIQUE USA, LLC

Current Principal Place of Business:

2700 N MIAMI AVE SUITE 504
MIAMI, FL 33127

Current Mailing Address:

2700 N MIAMI AVE SUITE 504
MIAMI, FL 33127

FEI Number: 75-3268692

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERT ALLEN LAW
1441 BRICKELL AVE SUITE 1400
MIAMI, FL 33131 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 MGRP
Name FRACAS, ALESSANDRO
Address 2700 N MIAMI AVE SUITE 504
City-State-Zip: MIAMI FL 33127

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: ALESSANDRO FRACAS

CEO

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date