

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000041281

**Entity Name:** DERMOPHYSIOLOGIQUE USA, LLC

**Current Principal Place of Business:**

6701 NE 4TH AVENUE  
MIAMI, FL 33138

**Current Mailing Address:**

6701 NE 4TH AVENUE  
MIAMI, FL 33138 US

**FEI Number:** 75-3268692

**Certificate of Status Desired:** No

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

ALESSANDRO , FRACAS  
4770 BISCAYNE BLVD  
SUITE 1280  
MIAMI, FL 33137 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:** ALESSANDRO FRACAS

04/30/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FRACAS, ALESSANDRO  
Address 6701 NE 4TH AVENUE  
City-State-Zip: MIAMI FL 33138

*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

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date