

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000144341

**Entity Name:** ALYSSA MARIE SKINCARE LLC

**Current Principal Place of Business:**

3002 WEST AZEELE STREET  
APT 1515N  
TAMPA, FL 33609

**Current Mailing Address:**

2111 WEST MINNEHAHA STREET  
TAMPA, FL 33604 US

**FEI Number:** 47-1895876

**Certificate of Status Desired:** No

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

MALLEY, ALYSSA M  
2111 WEST MINNEHAHA STREET  
TAMPA, FL 33604 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            OWNER  
Name            MALLEY, ALYSSA MARIE  
Address        2111 WEST MINNEHAHA STREET  
City-State-Zip: TAMPA FL 33604

*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:** ALYSSA MALLEY

**OWNER**

**04/29/2015**

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

\_\_\_\_\_  
Date