

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000007223

**Entity Name:** INTERNATIONAL SKIN CARE, LLC

**Current Principal Place of Business:**

66 W. FLAGLER STREET #977  
SUITE 130  
MIAMI, FL 33130

**FILED**  
**Feb 28, 2022**  
**Secretary of State**  
**1957365975CC**

**Current Mailing Address:**

66 WEST FLAGLER STREET,  
977  
MIAMI, FL 33130 US

**FEI Number: 81-1149718**

**Certificate of Status Desired: No**

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

POYEN, GEOFFREY F  
66 WEST FLAGLER STREET,  
912  
MIAMI, FL 33130 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            AMBR  
Name            POYEN, GEOFFREY F  
Address        12864 BISCAYNE BLVD STE 261  
City-State-Zip: MIAMI FL 33181

Title            MGR  
Name            POYEN, GILLES J  
Address        12864 BISCAYNE BLVD STE 261  
City-State-Zip: MIAMI FL 33181

Title            MGR  
Name            POYEN, FRANCOISE J  
Address        12864 BISCAYNE BLVD STE 261  
City-State-Zip: MIAMI FL 33181

*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: GEOFFREY POYEN**

**CEO**

**02/28/2022**

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

\_\_\_\_\_  
Date