

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000198456

Entity Name: BATEMAN SKINCARE LLC

Current Principal Place of Business:

1760 PALM COVE BLVD
#5-308
DELRAY BEACH, FL 33445

Current Mailing Address:

1760 PALM COVE BLVD
#5-308
DELRAY BEACH, FL 33445 US

FEI Number: 81-1304729

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAIDHOF, REED
1760 PALM COVE BLVD
#5-308
DELRAY BEACH, FL 33445 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: REED MAIDHOF

01/05/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PARTNER
Name DINWOODIE, JARROD
Address 1086 6TH ST. NW
City-State-Zip: SALEM OR 97304

Title PARTNER
Name COHN, MICHAEL
Address 457 FDR DRIVE
APT. A1204
City-State-Zip: NEW YORK NY 10002

Title PARTNER
Name MAIDHOF, REED
Address 1760 PALM COVE BLVD
#5-308
City-State-Zip: DELRAY BEACH FL 33445

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: REED MAIDHOF

PARTNER

01/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date