

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008957

FILED  
Sep 07, 2006  
Secretary of State

**Entity Name:** ADVANCED FACIAL & ACNE CARE, L.L.C.

**Current Principal Place of Business:**

2101 NORTHSIDE DRIVE  
#403  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

702 LYNDELL PLACE  
PANAMA CITY BEACH, FL 32407

**New Mailing Address:**

FEI Number: 11-3679922      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SAMMONS, LORI  
702 LYNDELL PLACE  
PANAMA CITY BEACH, FL 32407      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SAMMONS, LORI  
Address: 702 LYNDELL PLACE  
City-St-Zip: PANAMA CITY BEACH, FL 32407

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LORI SAMMONS

MGRM

09/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date