

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90155 042 \*\*\*\*50.00

**DOCUMENT # L03000027695**

1. Entity Name  
**TIGI SKINCARE & COSMETICS LLC**



Principal Place of Business  
**1699 S. FOURTEENTH STREET  
SUITE 4  
FERNANDINA BEACH, FL 32034**

Mailing Address  
**85020 BOSTICK WOOD DRIVE  
FERNANDINA BEACH, FL 32034**

**20023707**



02032005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**16-1677941**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GILLETTE, NICKEY E  
85020 BOSTICK WOOD DRIVE  
FERNANDINA BEACH, FL 32034**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GILLETTE, TINA L  
85020 BOSTICK WOOD DRIVE  
FERNANDINA BEACH, FL 32034** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GILLETTE, NICKEY E  
85020 BOSTICK WOOD DRIVE  
FERNANDINA BEACH, FL 32034** ☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *Nickey E. Gillette*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3-15-05**  
Date

Daytime Phone #