2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 07, 2005 8:00 am Secretary of State DOCUMENT # L04000008993 02-07-2005 90283 036 ****55.00 SKIN CARÉ BY PRINCE, LLC Mailing Address Principal Place of Business 1024 CADILLAC DRIVE DAYTONA BEACH FL 32117 1024 CADILLAC DRIVE かんれんれいてかり **DAYTONA BEACH FL 32117** 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State 4. FEI Number City & State 06-1717937 Not Applicable \$5.00 Additional Country Žio. Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRINCE, WILLIAM D III Street Address (P.O. Box Number is Not Acceptable) 1024 CÁDILLAC DRIVE DAYTONA BEACH FL 32117 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. Addition TITLE Change TITI F ☐ Defete MGRM William V. PRINCE III NAME NAME 1024 CADILLAC DIZIVE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32117 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Detete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP 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.

FILED