2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-12-2005 90010 018 ****55.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000021454

1. Entity Name
SERIOUS SKIN CARE BY STEVIE, LLC

Principal Place of Business	Mailing Address
4447 NW AMERICAN LN SUITE 102 LAKE CITY FL 32055	PO BOX 1835 LAKE CITY FL 32056

2. Principal Place of Business	3. Mailing Address
881 S.W. BROOKDALE DR.	P.O. BOX 1835
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE CITY FL.	City & State: LAKE CITY Fl.
Zip: 32025 Country: USA	Zip: 32056 Country: USA

4. FEI Number: 20-0908678 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LANDON, STEPHANIE H
822 NW SCENIC LAKE DR
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name: LANDON, STEPHANIE H.
Street Address (P.O. Box Number is Not Acceptable): 881 S.W. BROOKDALE DR
City: LAKE CITY FL Zip Code: 32025

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: Stephanie H. Landon
Signature, typed or printed name of registered agent and title if applicable (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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	LANDON, STEPHANIE H		NAME		
STREET ADDRESS	822 NW SCENIC LAKE DR		STREET ADDRESS	881 S.W. BROOKDALE DRIVE	
CITY-ST-ZIP	LAKE CITY FL 32055		CITY-ST-ZIP	LAKE CITY, Fl. 32025	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Stephanie H. Landon 2-24-05 386-755-7705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #