# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

30005002

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<br>SUITE 102<br>LAKE CITY FL 32055 | PO BOX 1835<br>LAKE CITY FL 32056 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 881 S.W. BROOKDALE DR<br>Suite, Apt. #, etc. | P.O. BOX 1835<br>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 | 7. Name and Address of New Registered Agent |
|---|---|
| LANDON, STEPHANIE H<br>822 NW SCENIC LAKE DR<br>LAKE CITY FL 32055 | Name: LANDON, STEPHANIE H.<br>Street Address (P.O. Box Number is Not Acceptable): 881 S.W. BROOKDALE DR<br>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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| 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 #