

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90022 038 ****50.00

DOCUMENT # L04000021454

1. Entity Name

SERIOUS SKIN CARE BY STEVIE, LLC



Principal Place of Business

881 SW BROOKDALE
SUITE 102
LAKE CITY FL 32025

Mailing Address

PO BOX 1835
LAKE CITY FL 32056

2. Principal Place of Business

881 S.W. BROOKDALE DR.

3. Mailing Address

P.O. BOX 1835

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY FL.

City & State

LAKE CITY FL.

Zip

32025

Country

U.S.A.

Zip

32056

Country

U.S.A.

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
881 SW BROOKDALE DR
LAKE CITY FL 32025

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LANDON, STEPHANIE H
STREET ADDRESS 881 SW BROOKDALE DRIVE
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

STEPHANIE H. LANDON

SIGNATURE:

Stephanie H. Landon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(C) 386-623-1030
3-30-06 386-755-7705