

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000023965

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** PERFECT SKIN AND BODY CARE, LLC

**Current Principal Place of Business:**

200 S WASHINGTON BLVD  
SUITE #6  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

200 S WASHINGTON BLVD  
SUITE #6  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 20-0960650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUARTE, NESTOR R  
5702 OAKTON CT  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** DUARTE, MIRIAM L  
**Address:** 5702 OAKTON CT  
**City-St-Zip:** SARASOTA, FL 34233

**Title:** MGR  
**Name:** DUARTE, NESTOR R  
**Address:** 5702 OAKTON CT  
**City-St-Zip:** SARASOTA, FL 34233

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** MIRIAM DUARTE

P

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date