L040000 39000

2005 MAR 2A ₱ 2: 0b SECRETARY OF STATE (Requestor's Name) (Address) 800047120578 (Address) (City/State/Zip/Phone #) 03/04/05--01030--011 **85.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ___ Certificates of Status Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE

Clanda E. Hood

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 15, 2005

MONICA SLODARZ 999 BRICKELL AVENUE #500 MIAMI, FL 33131

SUBJECT: GLOBAL SKIN ELEMENTS LLC

Ref. Number: L04000039000

We have received your document for GLOBAL SKIN ELEMENTS LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records do not indicate that you are an officer, director, or registered agent of the subject corporation. Therefore, no resignation is required.

Enclosed is an application for refund. Please sign and return and allow at least 60 to 90 days for the refund to be processed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain **Document Specialist**

Letter Number: 905A00017812

TRANSMITTAL LETTER

FILED TO: Amendment Section Division of Corporations 2005 MAR 29 P 2: 07 GLOBAL SKIN ELEMENTS LLC (Name of Limited Liability Company) DOCUMENT NUMBER: L04000039000 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MONICA SLODARZ (Name of Person) (Name of Firm/Company) 999 BRICKELL AVENUE # 500 (Address) **MIAMI FL 33131** (City/State and Zip Code) For further information concerning this matter, please call: MONICA SLODARZ (Area Code & Daytime Telephone Number) (Name of Person)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:	Global Skin Elements, LLC
2. The mailing address of the limited liability co	ompany is: 999 Brickell Ave #550, Miami, F2: 07
33131	SECRETARY OF STATE
5/18/2004	L04000039000
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regis Florida Department of State:	stered office address as shown on the records of the
GUZMAN, I	M. FERNANDA
445 GRAND E	Name BAY DR, UNIT 312
KEY BISCA	Address YNE, FL 33149
City,	State and Zip
6. The name and address of the new registered a	gent and/or office:
MONICA	SLODARZ
999 BRICKE	Name LL AVE #500
Florida street address	s (P.O. Box NOT acceptable)
MIAMI,	FL 33131
City, S	tate and Zip
confirmed that after the change or changes are mand the business office of the registered agent which is the company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the limited liability or the limited liability company or the limited liability company or the liability or the	
Signature of a member or authorized representative of a member	er)
FREDDY FARFAN	
(Printed or typed name of signee) I hereby accept the appointment as registered a comply with the provisions of all statutes relative and Lam familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability (Signature of Registered Agent)	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, so f my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.
Figures of freditions of Ferri	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)