

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044186

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** A PERFECT COMPLEXION, LLC

**Current Principal Place of Business:**

1562 LARAMIE CIR  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

**Current Mailing Address:**

1562 LARAMIE CIR  
MELBOURNE, FL 32940 US

**New Mailing Address:**

**FEI Number:** 20-1249164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRESNICK, DAVID M  
96 WILLARD STREET, SUITE 202  
COCOA, FL 32922 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:** MGR  
**Name:** PRESNICK, CATHY A  
**Address:** 1562 LARAMIE CIR  
**City-St-Zip:** MELBOURNE, FL 32940 US

**Title:** MGR  
**Name:** PRESNICK, DAVID M  
**Address:** 96 WILLARD ST. STE 202  
**City-St-Zip:** COCOA, FL 32922 US

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:** DAVID M. PRESNICK

MGR

01/24/2011

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