

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019906

FILED
Jul 19, 2006
Secretary of State

Entity Name: ADVANCED COSMETIC SPECIALTIES, LLC

Current Principal Place of Business:

4250 ALAFAYA TRAIL
SUITE 180
OVIDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

4250 ALAFAYA TRAIL
SUITE 180
OVIDO, FL 32765

New Mailing Address:

FEI Number: 59-3370364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD
SUITE 100
MAITLAND, FL 32751 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 () Delete
Name: LACH, DAVID R
Address: 4250 ALAGAYA TRAIL SUITE 180
City-St-Zip: OVIDO, FL 32765

Title: MGR () Delete
Name: MORELL, DAVID
Address: 2600 LAK LUCIEN DRIVE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 R. LACH, DDS

DR.

07/19/2006

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