

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087132

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: NOBILITY SKIN CARE AND SPA LLC

**Current Principal Place of Business:**

5160 W. COLONIAL DR.,  
UNIT #38  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

39 ROLLINGWOOD DR.  
VOORHEES, NJ 08043

**New Mailing Address:**

FEI Number: 20-5511231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRIEU, BINH LE  
5160 W. COLONIAL DR.  
UNIT #38  
ORLANDO, FL 32808 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: MGRM ( ) Delete  
Name: BINH LE, TRIEU  
Address: 39 ROLLINGWOOD DR  
City-St-Zip: VOORHEES, NJ 08043

Title: MGRM ( ) Delete  
Name: DANNY, CHIU  
Address: 49 FRANKLIN DRIVE  
City-St-Zip: VOORHEES, NJ 08043

Title: MGRM ( ) Delete  
Name: VINCENT, TRIEU  
Address: 7 PEAKNESS PLACE  
City-St-Zip: SEWELL, NJ 08080

**ADDITIONS/CHANGES:**

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

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 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: BINH LE TRIEU

MGRM

01/14/2008

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