

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088132

FILED
Jul 19, 2008
Secretary of State

Entity Name: COMPLEXIONS BY CATHERINE LLC

Current Principal Place of Business:

2404 RUTH HENTZ AVE.
SUITE B
PANAMA CITY, FL 32405 US

New Principal Place of Business:

2101 NORTHSIDE DRIVE
SUITE 402
PANAMA CITY, FL 32405 US

Current Mailing Address:

2571 MICHIGAN CT
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 06-1793025 **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:

COBB, MARY C
2571 MICHIGAN CT
PANAMA CITY, FL 32405 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: COBB, MARY CATHERINE
Address: 2871 MICHIGAN ST
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COBB, MARY CATHERINE
Address: 2571 MICHIGAN CT
City-St-Zip: PANAMA CITY, FL 32405

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: MARY CATHERINE COBB

MGRM

07/19/2008

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