

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000107254

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SKIN SOLUTIONS MEDICAL SPA, LLC

**Current Principal Place of Business:**

7552 NAVARRE PARKWAY  
UNIT 21  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

2810 MASTERS BOULEVARD  
NAVARRE, FL 32566

**New Mailing Address:**

PO BOX 6479  
NAVARRE, FL 32566

**FEI Number:** 20-8680486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SVENDSEN, PAMELA J MD  
2810 MASTERS BOULEVARD  
NAVARRE, FL 32566 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  
Name: SVENDSEN, PAMELA J MD  
Address: 2810 MASTERS BOULEVARD  
City-St-Zip: NAVARRE, FL 32566 PA

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: PAMELA J. SVENDSEN

OWNE

04/26/2011

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