

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120835

FILED
Feb 07, 2007
Secretary of State

Entity Name: ECLECTIC SKIN INSTITUTE LLC

Current Principal Place of Business:

2000 SOUTH ANDREWS AVE.
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

508 S.W. 5TH AVENUE
FT. LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 22-3949986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SASHA, PARKER
508 SW 5TH AVENUE
FORT LAUDERDALE, FL 33315 US

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: SASHA PARKER

02/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PARKER, SASHA
Address: 2000 SOUTH ANDREWS AVE.
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: MGR () Delete
Name: PARKER, NATALYA
Address: 2000 SOUTH ANDREWS AVE.
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: PETER, PETER
Address: 2000 SOUTH ANDREWS AVENUE
City-St-Zip: FT. LAUDERDAL, FL 33316

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: SASHA PARKER

MGR

02/07/2007

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