

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000120835

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** ECLECTIC SKIN PRESCRIPTIONS, LLC

**Current Principal Place of Business:**

2000 SOUTH ANDREWS AVE.  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

508 SW 5TH AVENUE  
FT. LAUDERDALE, FL 33315

**Current Mailing Address:**

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

**New Mailing Address:**

508 SW 5TH AVENUE  
FT. LAUDERDALE, FL 33315

**FEI Number:** 22-3949986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SASHA, PARKER  
508 SW 5TH AVENUE  
FORT LAUDERDALE, FL 33315 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:** PARKER, SASHA  
**Address:** 508 SW 5TH AVENUE  
**City-St-Zip:** FT. LAUDERDALE, FL 33316

**Title:** MGR  
**Name:** SYPNIEWSKI, TAMMY  
**Address:** 930 SW 28TH STREET; APT 1  
**City-St-Zip:** FT. LAUDERDALE, FL 33315

**Title:** MGR  
**Name:** PETER, PETER  
**Address:** 930 SW 28TH STREET; APT 2  
**City-St-Zip:** FT. LAUDERDALE, FL 33315

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:** SASHA PARKER

MNGR

04/26/2010

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