2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# L07000022465

Entity Name: CLINICAL SKIN CARE BY CHARLENE, LLC

Current Principal Place of Business:

2268-2 WEDNESDAY STREET
TALLAHASSEE, FL 32308

New Principal Place of Business:

2268 WEDNESDAY STREET
TALLAHASSEE, FL 32308

Current Mailing Address:

6721 WALDEN CIRCLE
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINSON, CHARLENE T
6721 WALDEN CIRCLE
TALLAHASSEE, FL 32317 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: OWNR ( ) Change (X) Addition
Name: HINSON, CHARLENE
Address: 6721 WALDEN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32317

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: CHARLENE T. HINSON OWNE 04/08/2008

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