

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000050581

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** BETTER SKIN CARE, LLC

**Current Principal Place of Business:**

203 BERKSHIRE CIRCLE WEST  
LONGWOOD, FL 32779

**New Principal Place of Business:**

669 JAMESTOWN BLVD  
2061  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

203 BERKSHIRE CIRCLE WEST  
LONGWOOD, FL 32779

**New Mailing Address:**

669 JAMESTOWN BLVD  
2061  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 26-0170240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WASSERMAN, GALIT  
203 BERKSHIRE CIRCLE WEST  
LONGWOOD, FL 32779 US

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

WASSERMAN, GALIT  
669 JAMESTOWN BLVD  
2061  
ALTAMONTE SPRINGS, FL 32714 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:

02/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WASSERMAN, GALIT  
Address: 669 JAMESTOWN BLVD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: GALIT WASSERMAN

MGR

02/22/2010

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