

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068246

FILED  
Apr 05, 2012  
Secretary of State

**Entity Name:** CONTROL HAIR & SKIN CARE SYSTEMS LLC

**Current Principal Place of Business:**

5008 W LINEBAUGH AVE STE 43.  
TAMPA, FL 33624 US

**New Principal Place of Business:**

5008 W LINEBAUGH AVE  
SUITE 43.  
TAMPA, FL 33624 US

**Current Mailing Address:**

5008 W LINEBAUGH AVE STE 43.  
TAMPA, FL 33624 US

**New Mailing Address:**

5008 W LINEBAUGH AVE  
SUITE 43.  
TAMPA, FL 33624 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

MEDINA, MOSES  
5008 W LINEBAUGH AVE STE 43  
TAMPA, FL 33624 US

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

MEDINA, MOSES  
5008 W LINEBAUGH AVE  
SUITE 43.  
TAMPA, FL 33624 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:

04/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: MEDINA, MOSES  
Address: 5008 W LINEBAUGH AVE STE 43  
City-St-Zip: TAMPA, FL 33624 US

Title: VP  
Name: ANNETTE, MEDINA  
Address: 5008 W LINEBAUGH AVE STE 43  
City-St-Zip: TAMPA, FL 33624

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: MOSES MEDINA

MR.

04/05/2012

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