

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90203 050 \*\*\*138.75

**60014801**

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # L07000083267</b><br>1. Entity Name<br><b>PLATINUM SKIN SPA, LLC</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>11232 BOYETTE ROAD<br/>RIVERVIEW, FL 33569</b>   |   |  | Mailing Address<br><b>11232 BOYETTE ROAD<br/>RIVERVIEW, FL 33569</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address<br><b>10411 SEDGEBROOK DR</b> |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                              |  |   |  |
| City & State   |   | City & State<br><b>RIVERVIEW FL</b>              |  | 4. FEI Number<br><b>39-2061140</b>  |  |
| Zip  |   | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| Zip<br><b>33569</b>  |   | Country  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SIMMS, PATRICIA F<br/>10411 SEDGEBROOK DRIVE<br/>RIVERVIEW, FL 33569</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   |  | <b>Make check payable to<br/>Florida Department of State</b>   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM: SIMMS, PATRICIA F</b> <input type="checkbox"/> Delete<br><b>10411 SEDGEBROOK DRIVE<br/>RIVERVIEW, FL 33569</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MRGM: SIMMS, ANTHONY W</b> <input type="checkbox"/> Delete<br><b>10411 SEDGEBROOK DRIVE<br/>RIVERVIEW, FL 33569</b>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. |   |  |  |   |  |
| <b>SIGNATURE: Patricia F. Simms</b>  |   |  | <b>PATRICIA F. SIMMS</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Date <b>03-10-08</b> Daytime Phone # <b>671-9800</b>   |   |  |