

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000004977

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** OLIVIA'S GOAT MILK SKIN CARE, LLC

**Current Principal Place of Business:**

4026 S.E. 147TH DRIVE  
HAWTHORNE, FL 32640

**New Principal Place of Business:**

**Current Mailing Address:**

4026 S.E. 147TH DRIVE  
HAWTHORNE, FL 32640

**New Mailing Address:**

P.O. BOX 1176  
PONTE VEDRA BEACH, FL 32004

**FEI Number:** 26-1816268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRUEGER, TRACI  
4026 SE 147TH DRIVE  
HAWTHORNE, FL 32640 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:** MGR  
**Name:** PERDIKIS, INGRID  
**Address:** P.O. BOX 1176  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32004

**Title:** MGR  
**Name:** KRUEGER, TRACI M  
**Address:** 4026 S.E. 147TH DRIVE  
**City-St-Zip:** HAWTHORNE, FL 32640

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:** INGRID PERDIKIS

MGR

02/28/2012

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