2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2009
Secretary of State

DOCUMENT# L08000044833

Entity Name: COMPLETE SKIN CARE, LLC.

Current Principal Place of Business:

5518 WINDING BROOK LANE
VALRICO, FL 33596 US

New Principal Place of Business:

12125 STONE LAKE RANCH BLVD
THONOTOSASSA, FL 33592 US

Current Mailing Address:

5518 WINDING BROOK LANE
VALRICO, FL 33596 US

New Mailing Address:

12125 STONE LAKE RANCH BLVD
THONOTOSASSA, FL 33592 US

FEI Number: 84-1694427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: MGRM ( ) Delete
Name: MILATA, ROBIN
Address: 5518 WINDING BROOK LANE
City-St-Zip: VALRICO, FL 33596 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: OWNE (X) Change ( ) Addition
Name: MILATA, ROBIN
Address: 12125 STONE LAKE RANCH BLVD
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: MGNR ( ) Change (X) Addition
Name: GEORGE, KIM
Address: 12125 STONE LAKE RANCH BLVD
City-St-Zip: THONOTOSASSA, FL 33592

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: ROBIN MILATA OWNE 06/03/2009

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