

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000044833

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** COMPLETE SKIN CARE, LLC.

**Current Principal Place of Business:**

12125 STONE LAKE RANCH BLVD  
THONOTOSASSA, FL 33592 US

**New Principal Place of Business:**

3433 LITHIA PINECREST RD #327  
VALRICO, FL 33596 US

**Current Mailing Address:**

12125 STONE LAKE RANCH BLVD  
THONOTOSASSA, FL 33592 US

**New Mailing Address:**

3433 LITHIA PINECREST RD #327  
VALRICO, FL 33596 US

**FEI Number:** 80-0180392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:** OWNE  
**Name:** MILATA, ROBIN  
**Address:** 3433 LITHIA PINECREST RD #327  
**City-St-Zip:** VALRICO, FL 33596 US

**Title:** MGR  
**Name:** GEORGE, KIM MGR  
**Address:** 3433 LITHIA PINEREST RD #327  
**City-St-Zip:** VALRICO, FL 33596

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:** ROBIN MILATA

OWNR

01/18/2011

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