

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000070357

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** SKIN SOLUTIONS MD, LLC

**Current Principal Place of Business:**

11512 LAKE MEAD AVENUE  
SUITE 605  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

13816 DEER CHASE PLACE  
JACKSONVILLE, FL 32224 US

**Current Mailing Address:**

11512 LAKE MEAD AVENUE  
SUITE 605  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

13816 DEER CHASE PLACE  
JACKSONVILLE, FL 32224 US

**FEI Number:** 26-3238726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETE ORLANDO, CPA, PA  
4745 SUTTON PARK COURT  
SUITE 101  
JACKSONVILLE, FL 32224 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  
Name: GARCIA, RACHEL  
Address: 13816 DEER CHASE PLACE  
City-St-Zip: JACKSONVILLE, FL 32224 US

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: RACHEL GARCIA

MGRM

04/28/2011

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