

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089161

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** SKIN SCIENCE AND WELLNESS CLINIC, LLC

**Current Principal Place of Business:**

11840 DERBYSHIRE DRIVE  
TAMPA, FL 33626 US

**New Principal Place of Business:**

1309 COUNTRYWAY BLVD  
TAMPA, FL 33626 US

**Current Mailing Address:**

11840 DERBYSHIRE DRIVE  
TAMPA, FL 33626 US

**New Mailing Address:**

11840 DERBYSHIRE DRIVE  
TAMPA, FL 33626

FEI Number: 26-3395933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BEAUTY & HEALTH INSTITUTE  
1309 COUNTRYWAY BLVD  
TAMPA, FL 33626 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: PST  
Name: FIVELAND, NADINA V  
Address: 11840 DERBYSHIRE DRIVE  
City-St-Zip: TAMPA, FL 33626 \

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: NADINA FIVELAND

PST

01/12/2011

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