

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000093004

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** LET'S FACE IT AGELESS SKINCARE LLC

**Current Principal Place of Business:**

2795 SPRUCE CREEK BLVD.  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

3959 S. NOVA RD. STE 30  
PORT ORANGE, FL 32127

**Current Mailing Address:**

2795 SPRUCE CREEK BLVD.  
PORT ORANGE, FL 32128

**New Mailing Address:**

**FEI Number:** 26-3525031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

HALL, LISA H MGR  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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: LISA P. HALL

04/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HALL, LISA D. P.  
Address: 2795 SPRUCE CREEK BLVD.  
City-St-Zip: PORT ORANGE, FL 32128

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: LISA P. HALL

MRG

04/05/2010

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