

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100749

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** SKINHEALTH TECHNOLOGY, LLC

**Current Principal Place of Business:**

415 PALM AVENUE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

3 AVIATOR WAY  
SUITE 1  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

415 PALM AVENUE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

PO BOX 731626  
ORMOND BEACH, FL 32173

**FEI Number:** 26-3693975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JPP MANAGEMENT, LLC  
400 LAKEBRIDGE PLAZA DRIVE  
ORMOND BEACH, FL 32174 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: MR.  
Name: SURRETTE, JACK E MANAGER  
Address: 415 PALM AVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MR.  
Name: LOTT, DENNIS L  
Address: 2080 OCEANSHORE BLVD  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MR.  
Name: GERLACH, CHRIS D  
Address: 1304 OAKLANDING LANE  
City-St-Zip: ORANGE PARK, FL 32003

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:** JACK E SURRETTE

MGR

02/23/2010

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