2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# L08000110373

Entity Name: NU SKIN SOLUTIONS, LLC

Current Principal Place of Business:

2284 RED EMBER ROAD
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 608846
ORLANDO, FL 32860

New Mailing Address:

FEI Number: 59-3594908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOULAVI, DEBBIE
2284 RED EMBER ROAD
OVIEDO, FL 32765 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:	MGR	( ) Delete
Name:	MOULAVI, DEBBIE	
Address:	2284 RED EMBER ROAD	
City-St-Zip:	QVIEDO, FL 32765	
Title:	MGR	( ) Delete
Name:	FIKERT, MARY	
Address:	516 LANARDSHIER PLACE	
City-St-Zip:	APOPKA, FL 32712	
Title:	MGR	( ) Delete
Name:	LARACUENTE, RITA DR	
Address:	14325 BENDING BRANCH COURT	
City-St-Zip:	ORLANDO, FL 32824	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARY T FIKERT TREA 05/05/2009

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