2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# L08000114332

Entity Name: SKINCARE BY STEPHANIE, LLC

Current Principal Place of Business:

1603 10TH AVENUE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

5510 PALEO PINES CIRCLE
FORT PIERCE, FL 34951

New Mailing Address:

FEI Number: 90-0433095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUGGERI, STEPHANIE
5510 PALEO PINES CIRCLE
FORT PIERCE, FL 34951 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: GUGGERI, STEPHANIE
Address: 5510 PALEO PINES CIRCLE
City-St-Zip: FORT PIERCE, FL 34951

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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Name:
Address:
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Title: ( ) Delete
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Title: ( ) Delete
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City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: GUGGERI, STEPHANIE
Address: 5510 PALEO PINES CIRCLE
City-St-Zip: FT.PIERCE, FL 34951

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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: STEPHANIE GUGGERI MGR 02/10/2009

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