

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042497

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** COASTAL SKIN CARE LLC

**Current Principal Place of Business:**

150 N. SYKES CREEK PKWY  
102  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 DRAKE WAY  
SEBASTIAN, FL 32958 US

**New Mailing Address:**

**FEI Number:** 26-4791477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHELTON, ANGELA D  
120 DRAKE WAY  
SEBASTIAN, FL 32958 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  
Name: SHELTON, ANGELA D  
Address: 120 DRAKE WAY  
City-St-Zip: SEBASTIAN, FL 32958 US

Title: MGR  
Name: THAMES, DIANNE M  
Address: 1126 RUBY ST SE  
City-St-Zip: PALM BAY, FL 32909

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: ANGELA SHELTON

MGR

03/03/2011

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