

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000094551

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED SKINCARE, LLC

**Current Principal Place of Business:**

5466 NORTH SHORE ROAD  
PENSACOLA, FL 32507

**New Principal Place of Business:**

617 WEST SUNSET AVENUE  
PENSACOLA, FL 32507

**Current Mailing Address:**

5466 NORTH SHORE ROAD  
PENSACOLA, FL 32507

**New Mailing Address:**

617 WEST SUNSET AVENUE  
PENSACOLA, FL 32507

FEI Number: 27-1027665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FULLER, MARK C  
5466 NORTH SHORE ROAD  
PENSACOLA, FL 32507 US

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

FULLER, MARK C  
617 WEST SUNSET AVENUE  
PENSACOLA, FL 32507 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/26/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FULLER, MARK C  
Address: 617 WEST SUNSET AVENUE  
City-St-Zip: PENSACOLA, FL 32507

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: MARK FULLER

PRES

04/26/2011

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