

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000069798

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** SKINZWRAPS OF FLORIDA LLC

**Current Principal Place of Business:**

3672 SW CONIBEAR ST  
PORT SAINT LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

3672 SW CONIBEAR ST  
PORT SAINT LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** 27-2962118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COLE, BURL T  
3672 SW CONIBEAR ST  
PORT SAINT LUCIE, FL 34953 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:** COLE, BURL TRENT  
**Address:** 3672 SW CONIBEAR ST  
**City-St-Zip:** PORT ST LUCIE, FL 34953

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:** BURL T COLE

MM

01/05/2012

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