

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000120937

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** SECOND NATURE SKIN LLC

**Current Principal Place of Business:**

5635 AUBURN ROAD  
APT D  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

5635 AUBURN ROAD  
APT D  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 27-4115801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURMEISTER, CAREN H MGR  
5635 AUBURN ROAD  
APT D  
JACKSONVILLE, FL 32207 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:** BURMEISTER, CAREN  
**Address:** 5635 AUBURN ROAD, APT D  
**City-St-Zip:** JACKSONVILLE, FL 32207

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: CAREN BURMEISTER

MGR

04/30/2012

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