

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000012165

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** TOTAL SKINCARE SOLUTIONS, LLC

**Current Principal Place of Business:**

410 BLANDING BLVD.  
STE. 9, PMB 216  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

410 BLANDING BLVD.  
STE. 9, PMB 216  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

**FEI Number:** 27-4706080      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

WOLFE, MACK  
410 BLANDING BLVD.  
STE. 9, PMB 216  
ORANGE PARK, FL 32073 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:** WOLFE, MACK  
**Address:** 410 BLANDING BLVD. STE. 9, PMB 216  
**City-St-Zip:** ORANGE PARK, FL 32073 US

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: MACK WOLFE

MGR

04/18/2012

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