

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000040745

Entity Name: FACE & BODY TONICS, LLC

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

226 SE 63RD TERRACE  
OCALA, FL 34472

**New Principal Place of Business:**

42 S MAGNOLIA AVE  
OCALA, FL 34471

**Current Mailing Address:**

226 SE 63RD TERRACE  
OCALA, FL 34472

**New Mailing Address:**

FEI Number: 45-1480171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

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

KACZMAREK, GINA M  
226 SE 63RD TER  
OCALA, FL 34472 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: GINA KACZMAREK

03/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRS  
Name: KACZMAREK, GINA M  
Address: 226 SE 63RD TER  
City-St-Zip: OCALA, FL 34472 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: GINA KACZMAREK

MRS

03/20/2012

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