

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000104159

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** GOOD SKIN FAIRY ENTERPRISES, LLC

**Current Principal Place of Business:**

340 - 1ST STREET N, UNIT E  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

1515 22ND AVE N  
ST. PETERSBURG, FL 33704

**Current Mailing Address:**

340 - 1ST STREET N, UNIT E  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 45-3174685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GATHINGS, GINA  
340 - 1ST STREET N, UNIT E  
ST. PETERSBURG, FL 33701 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: GATHINGS, GINA  
Address: 340 1ST STREET N UNIT E  
City-St-Zip: ST PETERSBURG, FL 33701 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 GATHINGS

MGR

02/08/2012

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