2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000128

Address:

10 ROCKEFELLER PLAZA

City-St-Zip: NEW YORK, NY 10020 US

Entity Name: ADVANCED BODYCARE SOLUTIONS, LLC

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	GERS CIRCLE			
SUITE 11 BOCA RA	TON, FL 33487	7		
	,		Marca 84 - 212 Antalana	
Current IVI	lailing Addres	S:	New Mailing Addre	SS:
990 S. ROGERS CIRCLE SUITE 11				
	TON, FL 33487	7		
FEI Number:	: 04-3572917	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
SUITE 11	BETH M GERS CIRCLE TON, FL 3348			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
SIGNATUF	RE:			
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () GRILLO, VICTO 14 DOE SKIN D FRAMINGHAM,	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PRADELLI, CAF	S CIRCLE SUITE 11	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () STEPHEN, PER 90 KERRY PLA NORWOOD, MA	CE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM () VINCENT. DEGI	Delete AIMO	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Address:

City-St-Zip:

SIGNATURE: BETH GELLER SVP 04/26/2009