


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000004880</b> 1. Entity Name <b>DIVINE DERMATOLOGY, PLLC</b>	
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Principal Place of Business <b>4800 4TH STREET N ST PETERSBURG, FL 33703</b>	Mailing Address <b>154 COQUINA BAY DR ST PETERSBURG, FL 33705</b>
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**DO NOT WRITE IN THIS SPACE**



02132008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>71-0955196</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIMS, CAROL MD  
4800 4TH STREET N  
ST PETERSBURG, FL 33703**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$838.75**

000000021970  
02/27/08-80040-008 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SIMS, CAROL 4800 4TH STREET ST PETERSBURG, FL 33703</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2-13-08** **(727) 528-0321**