

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M97000000380

**FILED**  
**Sep 28, 2005**  
**Secretary of State**

**Entity Name:** ADVANCED SKIN CARE DISTRIBUTORS, LLC

**Current Principal Place of Business:**

400 PALM LAKE DRIVE  
PENSACOLA, FL 32507

**New Principal Place of Business:**

5466 NORTH SHORE ROAD  
PENSACOLA, FL 32507

**Current Mailing Address:**

400 PALM LAKE DRIVE  
PENSACOLA, FL 32507

**New Mailing Address:**

5466 NORTH SHORE ROAD  
PENSACOLA, FL 32507

**FEI Number:** 62-1606405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULLER, SAM  
5466 NORTH SHORE RD  
PENSACOLA, FL 32507 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:** SAM FULLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** FULLER, MARK C  
**Address:** 400 PALM LAKE DRIVE  
**City-St-Zip:** PENSACOLA, FL 32507

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** FULLER, MARK C  
**Address:** 5466 NORTH SHORE ROAD  
**City-St-Zip:** PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:** MARK FULLER

OWNE

09/28/2005

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