

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012351

**Entity Name:** DR. MARDER SKINCARE, LLC

**Current Principal Place of Business:**

9580 SOUTH FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

9580 SOUTH FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MARDER, GARY L  
9580 SOUTH FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MM  
Name MARDER, GARY L  
Address 9580 SOUTH FEDERAL HIGHWAY  
City-State-Zip: PORT ST. LUCIE FL 34952

Title MGR  
Name MARDER, CAREN  
Address 9580 SOUTH FEDERAL HIGHWAY  
City-State-Zip: PORT ST. LUCIE FL 34952

Title MGR  
Name GLASER, MELISSA  
Address 9580 SOUTH FEDERAL HIGHWAY  
City-State-Zip: PORT ST. LUCIE FL 34952

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY L. MARDER

MM

01/22/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date