

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000104159

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

**Current 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

**FEI Number:** 45-3174685

**Certificate of Status Desired:** No

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

GATHINGS, GINA  
340 - 1ST STREET N, UNIT E  
ST. PETERSBURG, FL 33701 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 MGR  
Name GATHINGS, GINA  
Address 340 1ST STREET N UNIIT E  
City-State-Zip: ST PETERSBURG FL 33701

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GINA GATHINGS

MANAGER

02/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date