

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000068991

**Entity Name:** DERMELITE CONSULTING, LLC.

**Current Principal Place of Business:**

7101 WEST MCNAB ROAD SUITE 200  
TAMARAC, FL 33321

**Current Mailing Address:**

7101 WEST MCNAB ROAD SUITE 200  
TAMARAC, FL 33321

**FEI Number:** 45-5337477

**Certificate of Status Desired:** No

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

ZIPPIN, ROBERT S  
ROBERT STEWART ZIPPIN, P.A.  
7101 WEST MCNAB ROAD SUITE 200  
TAMARAC, FL 33321 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 MGRM  
Name ZIPPIN, JONATHAN H  
Address 7101 WEST MCNAB ROAD SUITE 200  
City-State-Zip: TAMARAC FL 33321

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:** JONATHAN ZIPPIN

**MANAGING MEMBER**

**02/16/2015**

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

\_\_\_\_\_  
Date