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.

OWNER

SIGNATURE: JULIA BRADFORD

Current Principal Place of Business: 1242 FAIRVIEW AVE WINTER PARK, FL 32789

Entity Name: SKIN DEEP SKIN CARE LLC

Current Mailing Address:

DOCUMENT# L13000030213

3492 FOXCROFT CIRCLE OVIEDO, FL 32765 US

FEI Number: 46-2135250

Name and Address of Current Registered Agent:

BRADFORD, ROBERT P 3492 FOXCROFT CIRCLE OVIEDO, FL 32765 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

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	BRADFORD, JULIA D	Name	BRADFORD, ROBERT P
Address	3492 FOXCROFT CIRCLE	Address	3492 FOXCROFT CIRCLE
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

04/12/2016

Date

Date