

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000092058

**Entity Name:** COSMEDICS INTERNATIONAL, LLC

**Current Principal Place of Business:**

209 NE 95 STREET  
SUITE 8  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

209 NE 95 STREET  
SUITE 8  
MIAMI SHORES, FL 33138 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

REDMOND, JOANN JACKSON  
209 NE 95 STREET  
SUITE 8  
MIAMI SHORES, FL 33138 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 COSMEDICS, INC.  
Address 209 NE 95 STREET  
SUITE 8  
City-State-Zip: MIAMI SHORES FL 33138

Title MGR  
Name WARD, JOSEPH  
Address 209 NE 95 STREET  
SUITE 8  
City-State-Zip: MIAMI SHORES FL 33138

*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:** JOANN JACKSON REDMOND

MGRM

04/30/2016

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

\_\_\_\_\_  
Date