

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000157125

Entity Name: DERMAPENWORLD LLC

Current Principal Place of Business:

915 MIDDLE RIVER DR
SUITE 106
FORT LAUDERDALE, FL 33304

Current Mailing Address:

915 MIDDLE RIVER DR
SUITE 106
FORT LAUDERDALE, FL 33304 US

FEI Number: 46-4095803

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARSHALL, JOEL E
16850 COLLINS AVE
SUITE 112-592
SUNNY ISLES BEACH, FL 33160 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 MARSHALL, CORNELIA E
Address 1030 SEMINOLE DR SUITE 1262
City-State-Zip: FORT LAUDERDALE FL 33304

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: JOEL MARSHALL

MANAGER

02/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date