

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000044672

Entity Name: COMPLEXIONS BY CORINNE, LLC

Current Principal Place of Business:

11412 DURHAM STREET
PARRISH, FL 34219

Current Mailing Address:

11412 DURHAM STREET
PARRISH, FL 34219 US

FEI Number: 46-5171337

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOGUEZ, CORINNE
11412 DURHAM STREET
PARRISH, FL 34219 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 NOGUEZ, CORINNE
Address 11412 DURHAM STREET
City-State-Zip: PARRISH FL 34219

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: CORINNE NOGUEZ

MGR

03/12/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date