

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000118442

**Entity Name:** SKIN CARE BY DARLENE LLC

**Current Principal Place of Business:**

6817 STONESTHROW CIRCLE  
APT # 17205  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

6817 STONESTHROW CIRCLE  
APT # 17205  
ST PETERSBURG, FL 33710 US

**FEI Number:** 47-1441870

**Certificate of Status Desired:** No

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

GUNNING, DARLENE  
6817 STONESTHROW CIRCLE  
APT # 17205  
ST PETERSBURG, FL 33710 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 MGR  
Name GUNNING, DARLENE  
Address 6817 STONESTHROW CIRCLE  
City-State-Zip: APT # 17205 FL 33710

*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:** DARLENE GUNNING

**OWNER**

**04/22/2015**

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

\_\_\_\_\_  
Date