

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000139690

**Entity Name:** SKINEEZ, LLC

**Current Principal Place of Business:**

1170 ROUNDTABLE DR.  
CASSELBERRY, FL 32707

**Current Mailing Address:**

1170 ROUNDTABLE DR.  
CASSELBERRY, FL 32707 US

**FEI Number:** 47-1797325

**Certificate of Status Desired:** No

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

MEDFORD, JOLEEN  
1170 ROUNDTABLE DR.  
CASSELBERRY, FL 32707 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            OWNER/OPERATOR  
Name            MEDFORD, JOLEEN  
Address        1170 ROUNDTABLE DR  
City-State-Zip: CASSELBERRY FL

*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:** JOLEEN MEDFORD

OWNER/OPERATOR

04/03/2017

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

\_\_\_\_\_ Date