

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000193770

**Entity Name:** MD3 SKINCARE NORTH AMERICA,LLC

**Current Principal Place of Business:**

1015 ATLANTIC BLVD  
#443  
ATLANTIC BCH, FL 32233

**Current Mailing Address:**

1015 ATLANTIC BLVD  
#443  
ATLANTIC BCH, FL 32233 US

**FEI Number:** 81-4184572

**Certificate of Status Desired:** No

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

MURPHY, CHRISTOPHER R  
1015 ATLANTIC BLVD  
#443  
ATLANTIC BCH, FL 32233 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 MURPHY, CHRISTOPHER R  
Address 1015 ATLANTIC BLVD  
#443  
City-State-Zip: ATLANTIC BCH FL 32233

Title MGR  
Name MURPHY, PETER E  
Address 114 BOWLES ST  
City-State-Zip: NEPTUNE BEACH FL 32266

*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:** PETER MURPHY

**PRESIDENT**

**04/22/2019**

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

\_\_\_\_\_  
Date