**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 29, 2019**
**Secretary of State**
**8221675450CC**

DOCUMENT# L16000218560

**Entity Name:** TRUNIQUE SKIN CARE LLC

**Current Principal Place of Business:**

1969 S. ALAFAYA TRAIL
SUITE 171
ORLANDO, FL 32828

**Current Mailing Address:**

1969 S. ALAFAYA TRAIL
SUITE 171
ORLANDO, FL 32828 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** Yes

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

DAVID, DAVIDSON E
14889 HARTFORD RUN DRIVE
ORLANDO, FL 32828 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: DAVID DAVIDSON 04/29/2019

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | OWNE | Title | MANAGER, VP |
| Name | DAVID, DAVIDSON | Name | DAVIDSON, MARY JANE |
| Address | 14889 HARTFORD RUN DRIVE | Address | 1969 S. ALAFAYA TRAIL<br>SUITE 171 |
| City-State-Zip: | ORLANDO FL 32828 | City-State-Zip: | ORLANDO FL 32828 |

*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: DAVID DAVIDSON OWNER/ PRESIDENT 04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date