

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000145544

**Entity Name:** SKIN DEEP AESTHETIC STUDIO, LLC

**Current Principal Place of Business:**

13145 N. DALE MABRY HIGHWAY #D  
SUITE #8  
TAMPA, FL 33618

**Current Mailing Address:**

13145 N. DALE MABRY HIGHWAY #D  
SUITE #8  
TAMPA, FL 33618 US

**FEI Number:** 83-0935926

**Certificate of Status Desired:** No

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

FYKES, TARA J  
13145 N. DALE MABRY HIGHWAY #D  
SUITE #8  
TAMPA, FL 33618 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 AUTHORIZED REPRESENTATIVE  
Name FYKES, TARA JENNIFER  
Address 13145 N. DALE MABRY HIGHWAY #D  
SUITE #8  
City-State-Zip: TAMPA FL 33618

*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:** TARA JENNIFER FYKES

AUTHORIZED  
REPRESENTATIVE/OWNE  
R

04/30/2019

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

\_\_\_\_\_  
Date