


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000026292

1. Entity Name
ANTI-AGING CLINIC OF DESTIN, L.L.C.



Principal Place of Business 4485 FURLING LANE DESTIN, FL 32541	Mailing Address 4485 FURLING LANE DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3581707	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BURDEN, WILLIAM
 4485 FURLING LN
 DESTIN, FL 32541**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000788036
 01/18/08-80027-005-138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURDEN, WILLIAM R M.D. 4485 FURLING LANE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE SAVANNAH GROUP OF DESTIN, INC. 4485 FURLING LANE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENNIS, L. SCOTT N.D. 4485 FURLING LANE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *WR Burden* **WR Burden** 1/14/8 ⁽⁸⁵⁰⁾ 654-1194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #