

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000016706

Entity Name: APOLLO MEDSPA LLC

FILED  
Jan 10, 2011  
Secretary of State

**Current Principal Place of Business:**

3535 LITTLE RD  
NEW PT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

3535 LITTLE RD  
NEW PT RICHEY, FL 34655

**New Mailing Address:**

FEI Number: 26-4537114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHOWDAPPA, JAYADEVA  
3535 LITTLE RD  
NEW PT RICHEY, FL 34655 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHOWDAPPA, JAYADEVA  
Address: 3535 LITTLE RD  
City-St-Zip: NEW PT RICHEY, FL 34655

Title: MGRM  
Name: CHOWDAPPA, SWARNALATHA  
Address: 3535 LITTLE RD  
City-St-Zip: NEW PT RICHEY, FL 34655

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JAYADEVA CHOWDAPPA

MGRM

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date