

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90205 018 ****50.00

DOCUMENT # L05000095480					
1. Entity Name AGELESS MEDICAL SPA, LLC					
Principal Place of Business 6400 W. NEWBERRY ROAD SUITE 109 GAINESVILLE, FL 32605			Mailing Address 8108 SW 10TH PLACE GAINESVILLE, FL 32607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02202006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3628363				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AKEY, TIMOTHY P 8108 SW 10TH PLACE GAINESVILLE, FL 32607			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AKEY, TIMOTHY P 8108 SW 10TH PLACE GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AKEY, ANGELI M 8108 SW 10TH PLACE GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <i>Akey M</i> 3/1/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					