


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L05000095480 1. Entity Name AGELESS MEDICAL SPA, LLC |  |
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| Principal Place of Business 6400 W. NEWBERRY ROAD SUITE 109 GAINESVILLE, FL 32605 | Mailing Address 8108 SW 10TH PLACE GAINESVILLE, FL 32607 |
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| DO NOT WRITE IN THIS SPACE |
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01152008 No Chg-LLC CR2E083 (12/07)

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| 4. FEI Number 20-3628363 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent AKEY, TIMOTHY P 8108 SW 10TH PLACE GAINESVILLE, FL 32607 |
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| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 |
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| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AKEY, TIMOTHY P 8108 SW 10TH PLACE GAINESVILLE, FL 32607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AKEY, ANGELI M 8108 SW 10TH PLACE GAINESVILLE, FL 32607 |
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| <p>U000000843066 03/11/08-80054-019 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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. |
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| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | 2/26/08 <small>Date</small> | <small>Daytime Phone #</small> |
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