

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038137

FILED
Apr 29, 2009
Secretary of State

Entity Name: MANG PLASTIC SURGERY LLC

Current Principal Place of Business:

6650 78TH AVE.
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

6650 78TH AVE N
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 52-2407477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANG, BRANDON-DZUNG
6650 78TH AVE.
PINELLAS PARK, FL 33781 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 () Delete
Name: MANG, BRANDON-DZUNG
Address: 5152 TPC BLVD
City-St-Zip: LUTZ, FL 33549 US

Title: MGR () Delete
Name: MANG, ADRIENNE
Address: 5152 TPC BLVD
City-St-Zip: LUTZ, FL 33549

Title: MGR () Delete
Name: MANG, SOFIA
Address: 5152 TPC BLVD
City-St-Zip: LUTZ, FL 33558

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MANG, ETHAN K
Address: 5152 TPC BLVD
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRANDON-DZUNG MANG

MGM

04/29/2009

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