

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038137

**FILED**  
**Apr 23, 2010**  
**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  
**Name:** MANG, BRANDON-DZUNG  
**Address:** 5152 TPC BLVD  
**City-St-Zip:** LUTZ, FL 33549 US

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

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

**Title:** MGR  
**Name:** MANG, ETHAN K  
**Address:** 5152 TPC BLVD  
**City-St-Zip:** LUTZ, FL 33558

**Title:** MS  
**Name:** MANG, AVA B  
**Address:** 5152 TPC BLVD  
**City-St-Zip:** LUTZ, FL 33558

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:** BRANDON-DZUNG MANG

MGR

04/23/2010

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