

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000034896

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** ACRA MEDICAL AESTHETICS, LLC

**Current Principal Place of Business:**

55 MERRICK WAY  
STE. 43  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

55 MERRICK WAY  
STE. 43  
CORAL GABLES, FL 33134

**New Mailing Address:**

3514 CRYSTAL COURT  
MIAMI, FL 33133

**FEI Number:** 26-4542027

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACRA, RAFAEL A  
55 MERRICK WAY  
STE. 43  
CORAL GABLES, FL 33134 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:** ACRA, RAFAEL A  
**Address:** 55 MERRICK WAY, STE. 43  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGRM  
**Name:** ACRA, GLORIA C  
**Address:** 55 MERRICK WAY, STE. 43  
**City-St-Zip:** CORAL GABLES, FL 33134

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:** ACRA, RAFAEL A.

MGRM

04/27/2010

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