

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044125

**Entity Name:** WINTER PARK LASER AND ANTI-AGING CENTER, LLC

**Current Principal Place of Business:**

1155 N KENTUCKY AVE  
WINTER PARK, FL 32789

**Current Mailing Address:**

1155 N KENTUCKY AVE  
WINTER PARK, FL 32789 US

**FEI Number:** 20-1299498

**Certificate of Status Desired:** No

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

FILARDO, ANETA  
1215 W. FAIRBANKS AVENUE  
ORLANDO, FL 32804 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name FILARDO, ANETA K  
Address 1093 FOGGY BROOK PL  
City-State-Zip: LONGWOOD FL 32750

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANETA FILARDO

MGRM

02/06/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date