

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000091415

**Entity Name:** MED-ESTHETICS CONSULTING GROUP LLC

**Current Principal Place of Business:**

12003 LITTLEBERRY COURT  
TAMPA, FL 33635

**Current Mailing Address:**

3054 ALA POHA PLACE  
SUITE 1610  
HONOLULU, HI 96818 US

**FEI Number:** 45-2935763

**Certificate of Status Desired:** No

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

DRAKE, MAXINE  
12003 LITTLE BERRY COURT  
TAMPA, FL 33635 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 DRAKE, MAXINE  
Address 12003 LITTLE BERRY COURT  
City-State-Zip: TAMPA FL 33635

*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:** MAXINE DRAKE

**OWNER**

**04/21/2015**

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

\_\_\_\_\_  
Date