

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000067197

Entity Name: LASER THERAPY SPA, LLC

Current Principal Place of Business:

800 EAST HALLANDALE BEACH BLVD
UNIT 15
HALLANDALE BEACH, FL 33009

Current Mailing Address:

800 EAST HALLANDALE BEACH BLVD
UNIT 15
HALLANDALE BEACH, FL 33009 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAIG M. DORNE, PA
3132 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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 DORNE, ALAN
Address 800 EAST HALLANDALE BEACH BLVD
#15
City-State-Zip: HALLANDALE BEACH FL 33009

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALAN DORNE

MGRM

04/30/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date