## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000010206

Entity Name: AEGIS COSMETICS, L.L.C.

Apr 11, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

140 SOUTHWEST CHAMBER COURT, SUITE 200 PORT ST. LUCIE, FL 34986

**Current Mailing Address: New Mailing Address:** 

140 SOUTHWEST CHAMBER COURT, SUITE 200 PORT ST. LUCIE, FL 34986

Name:

FEI Number: 65-1036824 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

IOANNIDES, TIM M.D. CORPDIRECT AGENTS, INC. 1100 S.W. ST. LUCIE WEST BOULEVARD 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 US SUITE 105

PORT ST. LUCIE, FL 34986 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: KEVIN ROBERTS 04/11/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition

IOANNIDES, TIM M.D. IOANNIDES, TIM M.D. Address: 1100 S.W. ST. LUCIE WEST BOULEVARD, #105 Address: 140 SOUTHWEST CHAMBER COURT, SUITE 200

Name:

City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further 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: TIM IOANNIDES **MGRM** 04/11/2007