



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # L02000012882 1. Entity Name FLORIDA LASER LLC	
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Principal Place of Business 1100 WINDING RIVER RD. VERO BEACH, FL 32963 US	Mailing Address 305 EAST NEW YORK AVE DELAND, FL 32724 US
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 82-0547758	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KROPP, THOMAS M
305 EAST NEW YORK AVE
DELAND, FL 32724**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

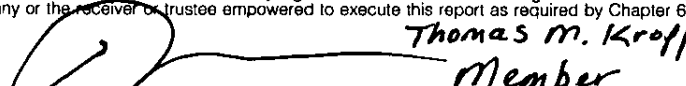
U00000881575
04/16/08-80006-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAKOWITZ, HOWARD J 525 WOODSTEAD CT. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERO, ANDY 1100 WINDING RIVER RD. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KROPP, THOMAS M 305 EAST NEW YORK AVE. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **Thomas M. Kropp**
Member

4/1/08 (386) 734-2931
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE