

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012882

FILED
Mar 20, 2009
Secretary of State

Entity Name: FLORIDA LASER LLC

Current Principal Place of Business:

1100 WNDING RIVER RD.
VERO BEACH, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

305 EAST NEW YORK AVE
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 82-0547758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAKOWITZ, HOWARD J
Address: 525 WOODSTEAD CT.
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM () Delete
Name: RIVERO, ANDY
Address: 1100 WINDING RIVER RD.
City-St-Zip: VERO BEACH, FL 32963 US

Title: MGRM () Delete
Name: KROPP, THOMAS M
Address: 305 EAST NEW YORK AVE.
City-St-Zip: DELAND, FL 32724 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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: THOMAS M. KROPP

MGRM

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date