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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 20, 2004 08:00 AM Secretary of State

| ANNUAL REPORT | | | | | Secretary of State | | | |
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| DOCUMENT # L0300000623 1. Entity Name DERMA WAVE, LLC | | | | | occietary of State | | | |
| Principal Place of Business Mailing Address | | | | | | | | |
| 15693 83RD LANE NORTH LOXAHATCHEE, FL 33470 | | 15693 83RD LANE NORTH LOXAHATCHEE, FL 33470 | | b > 100 (20 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - | 30 while where Bress will be separate | - · | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | |
| | | | | | i taminan mir | *************************************** | 6. CELL C. C. C. L. C. | |
| Suite, Apt. #. etc. | | Suite, Apt #, etc. | | 01062004 | Chg-LLC | CR2E083 (10/03) | | |
| City & State | | City & State | | 4. FEI Numbe | у . | ·— · | oplied For ot Applicable | |
| Zip | Country | try Zip Coun | | try | 5. Certificate of Status Desired Space Spa | | | |
| | 8. Name and Address of Current F | legistered Agent | 1 | | 7. Name and | Address of New F | legistered Agent | |
| LYONS, GARY W ESQ 311 SOUTH MISSOURI AVE. CLEARWATER, FL 33756 | | | | Name | | | | |
| | | | | Street Address | P.O. Box Numbe | er is Not Acceptable | э) | |
| | | · | | City | | | E ∎ Zip Coo | le . |
| | | | | | | CONTRACTOR | FL ` | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing to | s register | ea office of registe | rea agent, or bo | n, in the State of Fi | orida. 1 am familiar with, | апо ассерт |
| SIGNATURE . | Signature, typed or printed name of registered agent a | nd title if applicable. (NO | E Registere | d Agent signature require | d when reinstating) | | BATE | |
| | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | | | | e check payable to a Department of Stat | 9 |
| 9. | MANAGING MEMBER | RS/MANAGERS | 10. | | | ADDITIONS | /CHANGES | |
| TITLE | MGR | ☐ Delete | 717L | { | | | ☐ Change | Addition Addition |
| NAME STREET ADDRESS | HOWARD, TONEY G 15693 83RD LANE NORTH | | NAM Stri | ET ADDRESS | | ñodo | 000008780 | mai sessi |
| City-St-Zip | LOXAHATCHEE, FL 33470 | | CATY | -ST-ZIP | | 01/20/1 | 04-80077-014 | 50.00 |
| TITLE | | ☐ Detete | 1115 | } | | • | Change | Addition |
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| STREET ADDRESS | | | | ET ADDRESS | | | | |
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| STREET ADDRESS | | | - 1 | EET ADORESS | | | | |
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| NAME STREET ADDRESS | | | NAA STR | IE EET ADDRESS | | | | |
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| 11. I hereby | certify that the information supplied with | this filing does not qualify fo | or the exe | imption stated in S | ection 119.07(3) | (i), Florida Statutes. | I further certify that the | information |
| indicated | l on this report is true and accurate and ability company or the refereiver or trustee | inat my signature shall have | the sam | e legal effect as if | made under oalf | n; that I am a mana Statutos | ging member or manag | er of the |
| } mimed ne | innit combana or me receiver or manner | embowered to execute this | s report a | a reduction of cust | vier and Lichting | dialuics. | | |