

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000002201

**FILED**  
**Mar 20, 2011**  
**Secretary of State**

**Entity Name:** AGELESS AESTHETICS, LLC

**Current Principal Place of Business:**

401 GOLDEN ISLES DRIVE  
SUITE 613  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

401 GOLDEN ISLES DRIVE  
SUITE 613  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

**FEI Number:** 14-1870724      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HINDEN, JON A ESQ.  
4430 S.W. 64TH AVENUE  
DAVIE, FL 33314 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:** MGR  
**Name:** MICHELE, VIDAL  
**Address:** 401 GOLDEN ISLES DR., SUITE 613  
**City-St-Zip:** HALLANDALE, FL 33009

I hereby 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: MICHELE VIDAL RN

MGR

03/20/2011

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