

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000021364**

1. Entity Name  
**AESTHETIC DESIGN, LLC**



Principal Place of Business  
**15560 ROLLING MEADOWS CIR  
WELLINGTON, FL 33414**

Mailing Address  
**15560 ROLLING MEADOWS CIR  
WELLINGTON, FL 33414**



01062006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**14-1887343**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SOMMERS, BARBARA S  
15560 ROLLING MEADOWS CIR  
WELLINGTON, FL 33414**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SOMMERS, BARBARA S
STREET ADDRESS	15560 ROLLING MEADOWS CIR
CITY-ST-ZIP	WELLINGTON, FL 33414

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1100001394584  
01/26/06-80016-011 50.00

**DO NOT WRITE  
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:**

*Barbara S. Sommers*

*1/18/06*

*561-795-0494*

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

Date

Daytime Phone #