

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**FILED  
Jan 17, 2007 8:00 am  
Secretary of State**

01-17-2007 90011 006 \*\*\*\*50.00



01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>14-1887343</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$5.00</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE	
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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:** *Barbara S. Sommers*

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

*1/10/07* *561-795-0494*  
Date Daytime Phone #