

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000026292

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** ANTI-AGING CLINIC OF DESTIN, L.L.C.

**Current Principal Place of Business:**

4485 FURLING LANE  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

4485 FURLING LANE  
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number:** 59-3581707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURDEN, WILLIAM  
4485 FURLING LN  
DESTIN, FL 32541 US

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

BURDEN, WILLIAM  
4485 FURLING LANE  
DESTIN, FL 32541 US

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:**

01/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BURDEN, WILLIAM R M.D.  
**Address:** 4485 FURLING LANE  
**City-St-Zip:** DESTIN, FL 32541

**Title:** MGRM  
**Name:** THE SAVANNAH GROUP OF DESTIN, INC.  
**Address:** 4485 FURLING LANE  
**City-St-Zip:** DESTIN, FL 32541

**Title:** MGRM  
**Name:** ENNIS, L. SCOTT N.D.  
**Address:** 4485 FURLING LANE  
**City-St-Zip:** DESTIN, FL 32541

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:** WILLIAM R. BURDEN

MGRM

01/16/2012

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