


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90071 036 \*\*\*\*50.00

<b>DOCUMENT # L03000039316</b>	
1. Entity Name <b>CENTER FOR LASER &amp; ELECTROLYSIS HAIR REMOVAL, LLC</b>	

Principal Place of Business <b>615 ST. LUCIE CRESCENT 1-G STUART, FL 34994 US</b>	Mailing Address <b>615 ST. LUCIE CRESCENT 1-G STUART, FL 34994 US</b>
--	--

2. Principal Place of Business  Suite, Apt. #, etc. <b>SUITE 1-C</b> City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc. <b>SUITE 1-C</b> City & State  Zip Country	
---	--	---	--

02262004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0301238</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FREEMAN, TERRENCE N II 800 VILLAGE SQUARE CROSSING 310 PALM BEACH GARDENS, FL 33410</b>	
---	--

7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
---	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGRM</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LAURIE BENEDICT CME, CPE, RE 615 ST. LUCIE CRESCENT 1-C STUART, FL 34994</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Laurie Benedict MGRM **2-28-04 772 219-4552**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**LAURIE BENEDICT, CME, CPE, RE**