


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000039316 1. Entity Name CENTER FOR LASER & ELECTROLYSIS HAIR REMOVAL, LLC		
Principal Place of Business 615 ST. LUCIE CRESCENT SUITE 1-C STUART, FL 34994 US	Mailing Address 615 ST. LUCIE CRESCENT SUITE 1-C STUART, FL 34994 US	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent FREEMAN, TERRENCE N II 800 VILLAGE SQUARE CROSSING 310 PALM BEACH GARDENS, FL 33410		DO NOT WRITE IN THIS SPACE
5. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENEDICT CME CPE RE, LAURIE 615 ST. LUCIE CRESCENT 1-C STUART, FL 34994	
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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: <u>Laurie Benedict</u> 1/6/06 772/219-4552 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date Daytime Phone #</small>		



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0301238	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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01/11/06-80050-015 50.00