# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 23, 2007**
**Secretary of State**

DOCUMENT# L03000039316

**Entity Name:** CENTER FOR LASER & ELECTROLYSIS HAIR REMOVAL, LLC

**Current Principal Place of Business:**

615 ST. LUCIE CRESCENT
SUITE 1-C
STUART, FL 34994 US

**New Principal Place of Business:**

201 SE OSCEOLA STREET
SUITE 402
STUART, FL 34994 US

**Current Mailing Address:**

615 ST. LUCIE CRESCENT
SUITE 1-C
STUART, FL 34994 US

**New Mailing Address:**

201 SE OSCEOLA STREET
SUITE 402
STUART, FL 34994 US

**FEI Number: 20-0301238** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FREEMAN, TERRENCE N II
800 VILLAGE SQUARE CROSSING
310
PALM BEACH GARDENS, FL 33410 US

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

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: BENEDICT CME CPE RE, LAURIE
Address: 615 ST. LUCIE CRESCENT 1-C
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: BENEDICT CME CPE RE, LAURIE
Address: 201 SE OSCEOLA STREET
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAURIE BENEDICT, CME MGRM 02/23/2007

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