

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000015419

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** CLINIQUE LA PRAIRIE LIFESTYLE, LLC

**Current Principal Place of Business:**

201 SOUTH BISCAYNE BOULEVARD  
34TH FLOOR - MIAMI CENTER  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 SOUTH BISCAYNE BOULEVARD  
34TH FLOOR - MIAMI CENTER  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WNF LAW, PL  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 3400  
MIAMI, FL 33131 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:** MGR  
**Name:** MATTLI, ILONA  
**Address:** 245 NORTH EAST 37TH STREET, SUITE 102  
**City-St-Zip:** MIAMI, FL 33137 US

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:** ILONA MATTLI

MGR

04/18/2011

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