

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000019866**

**1. Entity Name  
LASER COSMETIC CLINIC, LLC**



**Principal Place of Business  
1430 MASON AVENUE  
DAYTONA BEACH, FL 32117**

**Mailing Address  
1430 MASON AVENUE  
DAYTONA BEACH, FL 32117**



04192006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
20-1178170**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ORTOLANI, JOHN  
1430 MASON AVENUE  
DAYTONA BEACH, FL 32117**

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**  
MGR  
ORTOLANI, JOHN A  
1430 MASON AVENUE  
DAYTONA BEACH, FL 32117

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**  
MGR  
ORTOLANI, ANGELA J  
1430 MASON AVENUE  
DAYTONA BEACH, FL 32117

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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CITY - ST - ZIP**

U00000538650  
05/09/06-80066-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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 606, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/06 386-274-3601