

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019866

**FILED**  
**Jun 13, 2011**  
**Secretary of State**

**Entity Name:** LASER COSMETIC CLINIC, LLC

**Current Principal Place of Business:**

1430 MASON AVENUE  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

1430 MASON AVENUE  
DAYTONA BEACH, FL 32117 UN

**Current Mailing Address:**

1430 MASON AVENUE  
DAYTONA BEACH, FL 32117

**New Mailing Address:**

1430 MASON AVENUE  
DAYTONA BEACH, FL 32117 UN

**FEI Number:** 20-1178170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

ORTOLANI, JOHN  
1430 MASON AVE  
DAYTONA BEACH, FL 32117 US

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:

06/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ORTOLANI, JOHN A  
Address: 1430 MASON AVE.  
City-St-Zip: DAYTONA BEACH, FL 32117 UN

Title: MGR  
Name: ORTOLANI, ANGELA J  
Address: 1430 MASON AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32117 UN

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: ANGELA J ORTOLANI

MGR

06/13/2011

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