

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019866

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1430 MASON AVENUE  
DAYTONA BEACH, FL 32117 UN

**New Principal Place of Business:**

**Current Mailing Address:**

1430 MASON AVENUE  
DAYTONA BEACH, FL 32117 UN

**New Mailing Address:**

**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 AVE  
DAYTONA BEACH, FL 32117 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:** 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

03/19/2012

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