

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044125

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** WINTER PARK LASER AND ANTI-AGING CENTER, LLC

**Current Principal Place of Business:**

1215 W. FAIRBANKS AVENUE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

606 N. WYMORE RD.  
WINTER PARK, FL 32789

**New Mailing Address:**

1215 W. FAIRBANKS AVENUE  
ORLANDO, FL 32804

**FEI Number:** 20-1299498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FILARDO, ANETA  
1215 W. FAIRBANKS AVENUE  
ORLANDO, FL 32804 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  
Name: FILARDO, ANETA K  
Address: 1093 FOGGY BROOK PL  
City-St-Zip: LONGWOOD, FL 32750

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: ANETA K FILARDO

MGRM

04/30/2010

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