

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 08:00 A
Secretary of State

DOCUMENT # L04000069333

1. Entity Name
THE AESTHETIC AND WELLNESS CENTER, PLC



Principal Place of Business
3825 STATE RD. 64 EAST SUITE 300
BRADENTON, FL 34208

Mailing Address
3825 STATE RD. 64 EAST SUITE 300
BRADENTON, FL 34208



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1659823

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

MOWETT, INDA
5313 GARDENS DR
SARASOTA, FL 34243

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOWETT, INDA
5313 GARDENS DR
SARASOTA, FL 34243

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

U000000818568
02/15/08-80047-032 143.75

**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 608, Florida Statutes.

SIGNATURE:

Inda man Mowett

X 2/2/08

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

Date

Daytime Phone #