

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90062 045 ***138.75

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01252008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000009212 1. Entity Name THE ORLANDO AESTHETIC INSTITUTE, LLC																																			
Principal Place of Business 701 W. MORSE BLVD WEST PARK, FL 32789		Mailing Address 701 W. MORSE BLVD WEST PARK, FL 32789																																	
2. Principal Place of Business - No P.O. Box # <i>120 E. Par Street</i> Suite, Apt. #, etc. <i>Suite 1000</i> City & State <i>Orlando, FL</i> Zip <i>32804</i> Country <i>U.S.A.</i>		3. Mailing Address <i>120 E. Par Street</i> Suite, Apt. #, etc. <i>Suite 1000</i> City & State <i>Orlando, FL</i> Zip <i>32804</i> Country <i>U.S.A.</i>																																	
4. FEI Number 20-2443101		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																	
6. Name and Address of Current Registered Agent SCHICK, DAVID L ESQ 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> <div style="display: flex; justify-content: space-between;"> <div> P CLARK, CLIFFORD P III 701 WEST MORSE BLVD WINTER PARK, FL 32789 </div> <div><input type="checkbox"/> Delete</div> </div> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> P CLARK, CLIFFORD P III 701 WEST MORSE BLVD WINTER PARK, FL 32789 </div> <div><input type="checkbox"/> Delete</div> </div>															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> <div style="display: flex; justify-content: space-between;"> <div> </div> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </div> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> </div> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </div>														
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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: <i>ChyM</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <i>2-5-08</i> (407) 770-2002 <small>Date Daytime Phone #</small>																																	