

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000009212

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Entity Name:** THE ORLANDO AESTHETIC INSTITUTE, LLC

**Current Principal Place of Business:**

120 E. PAR STREET  
SUITE 1000  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

120 E. PAR STREET  
SUITE 1000  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 20-2443101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHICK, DAVID L ESQ  
301 EAST PINE STREET, SUITE 1400  
ORLANDO, FL 32801 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: P  
Name: CLARK, CLIFFORD P III  
Address: 701 WEST MORSE BLVD  
City-St-Zip: WINTER PARK, FL 32789

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: CLIFFORD P. CLARK, III

P

03/16/2010

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