

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000027897

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** FARAHMAND PLASTIC SURGERY, P.L.

**Current Principal Place of Business:**

13710 METROPOLIS AVENUE  
SUITE 104  
FT. MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

13710 METROPOLIS AVENUE  
SUITE 104  
FT. MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 20-2539348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FARAHMAND, AUDREY  
11600 COURT OF PALMS, UNIT 605  
FT. MYERS, FL 33908 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: FARAHMAND, AUDREY  
Address: 11600 COURT OF PALMS, UNIT 605  
City-St-Zip: FT. MYERS, FL 33908

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: AUDREY FARAHMAND

MGR

01/05/2011

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