

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044087

FILED
Mar 18, 2009
Secretary of State

Entity Name: REJUVENATION & LASER CENTER, L.L.C.

Current Principal Place of Business:

35 PONCE DE LEON BLVD.
CORAL GABLES, FL 33135

New Principal Place of Business:

Current Mailing Address:

35 PONCE DE LEON BLVD.
CORAL GABLES, FL 33135

New Mailing Address:

FEI Number: 20-2803792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, MAYDELINE
35 PONCE DE LEON BLVD.
CORAL GABLES, FL 33135 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: MGR () Delete
Name: MORENO, MAYDELINE
Address: 18634 SW 47TH CT.
City-St-Zip: MIRAMAR, FL 33029

Title: MGR () Delete
Name: ALUART, ARMANDO A
Address: 3371 SW 21ST ST.
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MAYDELINE MORENO

MGR

03/18/2009

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