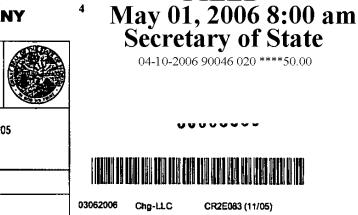
2006 LIMITED LIABILITY COMPANY

DOCUMENT # L05000072272



FILED

1. Entity Name ARTISTIC LASER PROFESSIONALS, LLC Principal Place of Business Mailing Address **UU**UUUU~~~ 3390 TAMIAMI TRAIL, SUITE 205 3390 TAMIAMI TRAIL, SUITE 205 PORT CHARLOTTE, FL. 33952 PORT CHARLOTTE, FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/05) 4. FEI Number 20 - 31 78 160 City & State City & State Applied For Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACKENZIE, KAREN M Street Address (P.O. Box Number is Not Acceptable) 3390 TAMIAMI TRAIL, SUITE 205 PORT CHARLOTTE, FL 33952 City Zip Code 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 Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete me ☐ Change ☐ Addition MACKENZIE, KAREN M NAME KAME 3390 TAMIAMI TRAIL, SUITE 205 STREET ADDRESS CTEMET ANNOUSCE CITY-ST-ZIP PORT CHARLOTTE, FL 33952 CITY-SI-ZIP MGR TITLE Deleta TITLE Channe ☐ Addition BAGAN, MATTHEW R HAME NAME STREET ADDRESS 3390 TAMIAMI TRAIL, SUITE 205 STREET ADDRESS PORT CHARLOTTE, FL 33952 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME ANOUSHSAR, SHAHRIAR NAME STREET ADDRESS 3390 TAMIAMI TRAIL, SUITE 205 STREET ADORESS PORT CHARLOTTE, FL 33952 CITY-ST-ZIP CITY-SI-ZP TITLE Delete nn s ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TTILE ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Ociete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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 it 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: ER OR AUTHORIZED REPRESENTATIVE Date Caytime Phone #