


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**


DOCUMENT # L05000095480  
 1. Entity Name  
 AGELESS MEDICAL SPA, LLC



Principal Place of Business  
 6400 W. NEWBERRY ROAD  
 SUITE 109  
 GAINESVILLE, FL 32605

Mailing Address  
 8108 SW 10TH PLACE  
 GAINESVILLE, FL 32607

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3628363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

AKEY, TIMOTHY P  
 8108 SW 10TH PLACE  
 GAINESVILLE, FL 32607

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AKEY, TIMOTHY P 8108 SW 10TH PLACE GAINESVILLE, FL 32607
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UD00000843066  
 03/11/08-80054-019 138.75

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* 2/26/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #