

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000049455

Entity Name: CLINIQUE LA PRAIRIE, LLC

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1040 BISCAYNE BLVD  
900  
MIAMI, FL 33132 US

**New Principal Place of Business:**

**Current Mailing Address:**

1040 BISCAYNE BLVD  
900  
MIAMI, FL 33132 US

**New Mailing Address:**

FEI Number: 33-1089769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WNF LAW, PL  
201 SOUTH BISCAYNE BOULEVARD  
3400  
MIAMI, FL 33131 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  
Name: VENGGER, KEVIN  
Address: 1040 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33132 US

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: KEVIN VENGGER

MGR

02/23/2011

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