

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067532

FILED
Apr 30, 2009
Secretary of State

Entity Name: AESTHETICS CLINIQUE OF FLORIDA LLC

Current Principal Place of Business:

17901 NW 5TH ST.
SUITE #201
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17901 NW 5TH ST.
SUITE #201
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLA, PEDRO
17901 NW 5TH ST.
SUITE #201
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

CASTILLO-PLAZA, JUAN A
17901 NW 5TH ST.
SUITE #201
PEMBROKE PINES, FL 33029 US

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: JUAN A CASTILLO-PLAZA

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: JUAN, CASTILLO
Address: 17900 NW 5 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: AESTHETICS CLINIQUE OF FLORIDA LLC
Address: 17900 NW 5 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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: JUAN A. CASTILLO-PLAZA

MM

04/30/2009

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