

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000067532

**FILED**  
**Apr 29, 2011**  
**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:**

GONZALEZ, LUIS  
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: CASTILLO-PLAZA JUAN A

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: CASTILLO-PLAZA JUAN A

MGR

04/29/2011

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