


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000069186	
1. Entity Name TOTAL FACIAL & WELLNESS CLINIC LLC	

Principal Place of Business 5105 N ARMENIA AVE TAMPA FL 33603	Mailing Address 5105 N ARMENIA AVE TAMPA FL 33603
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number NO-T APPLICABLE		Applicable For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent AGLIANO, DENNIS 4922 ST. CROIX TAMPA FL 33629		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 fee if applicable (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee Will Be \$538.75
Make Check Payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AGLIANO, DENNIS 4922 ST. CROIX TAMPA FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000879240 04/15/08-80014-003 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Dennis S. Aghiano MGR

3-31-2008

813-879-8045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE