

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000091975

**Entity Name:** BEAU VISAGE MEDICAL SPA, LLC

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11018 N DALE MABRY HWY  
SUITE 401  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

11018 N DALE MABRY HWY  
SUITE 401  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 20-5573187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SADLER, GAIL  
11018 N DALE MABRY HWY  
SUITE 401  
TAMPA, FL 33618 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:** SADLER, GAIL  
**Address:** 11018 N DALE MABRY HWY, SUITE 401  
**City-St-Zip:** TAMPA, FL 33618

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: GAIL SADLER

MGR

01/20/2012

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