

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000092968

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** BRAZIL COSMETIC & DENTAL SOLUTIONS LLC

**Current Principal Place of Business:**

917 NE 16TH AVE  
#5  
FORT LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

917 NE 16TH AVE  
#5  
FORT LAUDERDALE, FL 33304 US

**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:**

CHERP, ALAN  
917 NE 16TH AVE  
#5  
FORT LAUDERDALE, FL 33304 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: RIJOS, HEIDI M  
Address: 917 NE 16TH AVE #5  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR  
Name: CHERP, ALAN B  
Address: 917 NE 16TH AVE#5  
City-St-Zip: FORT LAUDERDALE, FL 33304

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: ALAN CHERP

MEMB

04/30/2010

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