

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000103621

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** AESTHETICS CLINIQUE OF PEMBROKE PINES, LLC

**Current Principal Place of Business:**

17900 NW 5TH STREET  
202  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

17900 NW 5TH STREET  
201  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 20-5763687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, LUIS  
17900 NW 5TH STREET  
201  
PEMBROKE PINES, FL 33029 US

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

JUAN ANTONIO, CASTILLO-PLAZA  
17900 NW 5TH STREET  
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

03/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: CASTILLO-PLAZA, JUAN A  
Address: 17900 NW 5 STREET SUITE 202  
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: JUAN A CASTILLO-PLAZA

MGRM

03/16/2011

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