

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000103621

**FILED**  
**Apr 10, 2012**  
**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:**

JUAN ANTONIO, CASTILLO-PLAZA  
17900 NW 5TH STREET  
201  
PEMBROKE PINES, FL 33029 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: 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

D

04/10/2012

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