

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121176

**FILED**  
**Feb 12, 2008**  
**Secretary of State**

**Entity Name:** TIMELESS LASER REJUNVENATION CENTER, L.L.C.

**Current Principal Place of Business:**

218 ACADIA TERRACE  
CELEBRATION, FL 34747

**New Principal Place of Business:**

720 WEST OAK STREET  
160  
KISSIMMEE, FL 34741

**Current Mailing Address:**

218 ACADIA TERRACE  
CELEBRATION, FL 34747

**New Mailing Address:**

720 WEST OAK STREET  
160  
KISSIMMEE, FL 34741

**FEI Number:** 20-8229661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCDONALD, ALANNA  
218 ACADIA TERRACE  
CELEBRATION, FL 34747 US

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

MCDONALD, ALANNA  
720 WEST OAK STREET  
160  
KISSIMMEE, FL 34741 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:**

02/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MCDONALD, ALANNA  
**Address:** 218 ACADIA TERRACE  
**City-St-Zip:** CELEBRATION, FL 34747

**ADDITIONS/CHANGES:**

**Title:** PRES (X) Change ( ) Addition  
**Name:** MCDONALD, ALANNA  
**Address:** 720 WEST OAK STREET, SUITE 160  
**City-St-Zip:** KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** ALANNA MCDONALD

PRES

02/12/2008

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