

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90068 041 ***138.75

DOCUMENT # L07000016827



1. Entity Name

IRVING KARTEN MD FACIAL ESTHETICS LLC

Principal Place of Business

3051 NORTH 35TH STREET
HOLLYWOOD FL 33021
US

Mailing Address

3051 NORTH 35TH STREET
HOLLYWOOD FL 33021
US

2. Principal Place of Business - No P.O. Box #

3051 N 35 St

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33021

Country

USA

Zip

33021

Country

USA

4. FEI Number

20-8436593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARTEN, IRVING
3051 NORTH 35TH STREET
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered agent is required to sign when renewing)

1/24/08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KARTEN, IRVING
STREET ADDRESS 3051 NORTH 35TH STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 80B, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/27/08

954-249-2235

Date

Daytime Phone #