

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000041127

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** AESTHETIC WOMEN'S INSTITUTE, LLC

**Current Principal Place of Business:**

6280 SUNSET DRIVE  
SUITE #502  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6280 SUNSET DRIVE  
SUITE #502  
SOUTH MIAMI, FL 33143

**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:**

CHRISTIN, NICHOLAS E  
2800 PONCE DE LEON BOULEVARD  
SUITE 800  
CORAL GABLES, FL 33134 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:                      PRES  
Name:                     POLIAKOFF, STEVEN R  
Address:                 6280 SUNSET DRIVE SUITE 502  
City-St-Zip:            MIAMI, FL 33143

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: STEVEN R. POLIAKOFF                      P                      02/08/2012

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