

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000047206

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA AESTHETICS LLC

**Current Principal Place of Business:**

1204 NW 69TH TERRACE STE F  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

12856 SW 5TH PLACE  
NEWBERRY, FL 32669 US

**New Mailing Address:**

**FEI Number:** 20-8964960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CUPP, KIMBERLY T  
12856 SW 5TH PLACE  
NEWBERRY, FL 32669 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: MGRM  
Name: CUPP, KIMBERLY T  
Address: 12856 SW 5TH PLACE  
City-St-Zip: NEWBERRY, FL 32669 US

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: KIMBERLY CUPP

OWNE

01/18/2011

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