

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051234

FILED
May 04, 2009
Secretary of State

Entity Name: BELLEZA COSMETIC SURGERY LLC

Current Principal Place of Business:

220 N WESTMONTE DR
SUITE D
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

220 N WESTMONTE DR
SUITE D
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 33-1165251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FARRELL, RONALD
220 N WESTMONTE DR
SUITE D
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

FARRELL, JAMES
220 N WESTMONTE DR
SUITE D
ALTAMONTE SPRINGS, FL 32714 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: JAMES FARRELL

05/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FARRELL, RONALD M
Address: 5931 TARAWOOD DR
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: FARRELL, JAMES F
Address: 439 SHADY LANE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES FARRELL

PRES

05/04/2009

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