

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077857

FILED
Sep 02, 2008
Secretary of State

Entity Name: U.S. COAST LASER CENTER OF TAMPA, LLC

Current Principal Place of Business:

15347 AMBERLY DR
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

15347 AMBERLY DR
TAMPA, FL 33647 US

New Mailing Address:

4605 7TH STREET CT. E.
ELLENTON, FL 34222 US

FEI Number: 03-0609561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REPP, CORI
807 POINSETTIA AVE
ELLENTON, FL 34222 US

Name and Address of New Registered Agent:

REPP, CORI
4605 7TH STREET CT. E.
ELLENTON, FL 34222 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: CORI REPP

09/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REPP, CORI
Address: 15347 AMBERLY DR
City-St-Zip: TAMPA, FL 33647 US

Title: MGR () Delete
Name: APOSTOLICO, AARON W
Address: 15347 AMBERLY DR
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REPP, CORI
Address: 4605 7TH STREET CT. E.
City-St-Zip: ELLENTON, FL 34222 US

Title: MGR (X) Change () Addition
Name: APOSTOLICO, AARON W
Address: 4605 7TH STREET CT. E.
City-St-Zip: ELLENTON, FL 34222 US

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: AARON APOSTOLICO

MGR

09/02/2008

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