

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000078412

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** LASER AESTHETICS OF CLEARWATER, LLC.

**Current Principal Place of Business:**

600 BYPASS DR  
205  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 BYPASS DR  
205  
CLEARWATER, FL 33764 US

**New Mailing Address:**

**FEI Number:** 26-0623642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NELSON, SCOTT F  
4890 W. KENNEDY BLVD #240  
TAMPA, FL 33609 US

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

CHARLES, SHAPERO D  
284 KATHERINE BLVD.  
8110  
PALM HARBOR, FL 34684 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: CHARLES D. SHAPERO

01/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LABRECQUE, TERRI A  
Address: 600 BYPASS DR #205  
City-St-Zip: CLEARWATER, FL 33764 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: TERRI A. LABRECQUE

MGRM

01/06/2012

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