

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000092392

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** LASER INSTITUTE OF VERO BEACH, L.L.C.

**Current Principal Place of Business:**

1485 37TH ST  
SUITE 103  
VERO BEACH, FL 32960

**New Principal Place of Business:**

1255 37TH ST  
SUITE D  
VERO BEACH, FL 32960

**Current Mailing Address:**

1265 GRANT RD  
GRANT, FL 32949

**New Mailing Address:**

**FEI Number:** 27-3867988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRELL, ANNE  
1265 GRANT RD  
GRANT, FL 32949 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: HARRELL, ANNE M  
Address: 1265 GRANT RD  
City-St-Zip: GRANT, FL 32949

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: ANNE HARRELL

MGRM

01/08/2011

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